

Man Up Gadsden Financial Assistance Application



To apply for financial assistance from Man Up Gadsden, please follow these steps:

1. **Call Family Success Center at (256) 547 -6888 Ext. 107 (Emma Hazlewood) for a screening appointment.**
2. Take all of the following that apply to you to your appointment
 - a. Picture ID of some kind
 - b. Proof of Income
 - c. State of all monthly expenses
 - d. Food stamp information (if applicable)
 - e. Social Security Number
3. **Allow at least 3 weeks for application processing. The process can be up to a 6 month wait depending on availability of funds.**

Name (Last, First, Middle):		Date of Birth:	
Mailing Address:		City, State & Zip:	Date of last Exam:
Social Security Number	Home Phone:	Work Phone:	Other Phone:
Place of Employment:			
Spouse & Employer:			
Dependent:		DOB:	
Dependent:		DOB:	
Dependent:		DOB:	
Dependent:		DOB:	

Do you have medical insurance coverage? ___ Yes ___ No

If yes, please provide insurance information (type of insurance, policy and group #, effective date, etc.)

IMPORTANT: READ CAREFULLY- AUTHORITY TO OPERATE, RELEASE RECORDS, USE PICTURES, AND DENY SERVICES

It is required that this form be signed by each applicant or by the parents or legal guardian, if applicant is not of legal age in accordance with the laws of the State of Alabama. This signed document certifies that the undersigned consents to the administration of services, and requirements set forth by Man Up Gadsden, or in the opinion of doctors or medical residents cooperating with Man Up Gadsden be necessary or advisable. The undersigned agrees to the use of pictures for promotional purposes if such use will aid Man Up Gadsden in the promotion of association functions.

In consideration for being provided treatment, services and participating in events sponsored by Man Up Gadsden, the undersigned agrees that Man Up Gadsden and cooperating facilities are hereby resolved of any liability of responsibility in connection with treatment, prescribed pharmaceuticals, surgery, or hospitalization caused. Moreover, the undersigned does hereby acknowledge and fully understand that he/she may be involved in treatment or activities that involve risk of injury. The undersigned hereby assumes all the foregoing risk and accepts personal responsibility for the damages following any such injury.

The undersigned does hereby authorize the release of information and records when necessary for consultation with physicians, clinic personnel, officers of the court, or other special emergency use of hospital personnel.

I understand that Man Up Gadsden has the legal right to deny a service in any of the above information is found untrue. I also understand that I will be responsible for any expense incurred if services are denied for the above reason.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND SIGN IT VOLUNTARILY

Applicant Signature: _____

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Please attach a letter (2-3 paragraphs) on why you are requesting financial assistance.

Before returning to Man Up Gadsden, make sure all information is answered by the best of your knowledge.
All applications are considered and reviewed in a nonbiased manner.

You do not have to contact Man Up Gadsden concerning your application, we will contact you.

Income and Expense Verification: ***This area must be filled out by the referring agency ONLY!***

Date: _____ Agency: Family Success Center Examiners Signature: _____

Income Sources:	Amount:
Expenses:	Amount:
Power	
Gas	
Water	
Car(s)	
Automobile Insurance	
Rent/Mortgage	
Gas for Automobile	
Cable	
Phone/Internet	
Cell Phone	
Medical Bills	
Food (If on Food Stamps, the extra amount spent)	
Credit Cards	
Other:	
Total:	

Income _____ **- Expenses:** _____ **= Total:** _____

Examiners Comments:

Do you recommend this applicant for assistance: YES NO

FOR ANALYSIS BY COMMITTEE

Date Reviewed:	Approved _____	% Approved
	Denied _____	
Valid Until:	Initials:	

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