

APPLICATION INSTRUCTIONS

Dear Family Members,

Thank you for your interest in Gould Farm. Through the generosity of Gould Farm donors and friends we offer a financial assistance program to help clients and families who meet need-based financial criteria. While we ask all clients to cover the costs of at least a portion of their treatment, the Gould Farm Board of Directors has committed to distributing \$1 million in financial assistance every year to help clients stay at Gould Farm for the full recommended length of their recovery program.

Please find an application for Financial Assistance attached. In order for the Financial Assistance Committee to consider your application, all requirements must be completed.

A complete application package includes all of the following:

- A completed application form (page 2 of this document)
- A completed personal financial statement (page 3 of this document) for the guarantor – the individual(s) responsible for payment of services (family, guardian, etc.)
- Two most recent federal income tax returns from the individual responsible for payment of services (guarantor). Please send only the first two (2) pages.

Please be sure to provide the information requested related to the person financially supporting the applicant. All applications for financial assistance are reviewed to ensure that there is demonstrated financial need and a sustainable, realistic plan for payment of costs not covered by financial assistance. Once the completed application and requested information are received by our Financial Assistance Committee, please allow 48 hours for review.

Please return your complete application package by mail to:

Admissions, Gould Farm, 100 Gould Road, PO Box 157, Monterey, MA 01245

Or by email to: tmckernan@gouldfarm.org

Again, thank you for your interest in Gould Farm.

Sincerely,

Tamara McKernan
Director of Admission

APPLICATION FORM

Client Information

Client Name:	
Client Address:	

List all individuals who provide financial support to the applicant and include name, address, and phone number.

Name:			
Address:		Phone:	

Name:			
Address:		Phone:	

Name:			
Address:		Phone:	

Select the program(s) to which you are applying for financial assistance.

- Gould Farm Residential Treatment
 Fellside (Boston area) Transition Program
 O'Connell House Transition Program

Please describe any circumstances that will help us understand your request for financial assistance at this time:

PERSONAL FINANCIAL STATEMENT

Personal financial statement for the individual(s) responsible for payment (guarantor).

Financial Partner Name(s): _____

Client Name: _____

Date: _____

Income (Partner/Guarantor, Client)	
Partner#1 AGI from most recent 1040	
Partner#2 AGI from most recent 1040	
Other income (please identify)	
Client income from most recent 1040	
Client income from SSI/SSDI	
Property/Real Estate	
Primary Home Value	
Vacation/Rental Property Value (s)	
Other (please specify)	
Additional funds available for treatment	
From family/friends or other source	

Assets	
Cash, Checking, Savings	
Investments (including stocks, bonds, mutual funds, 529 accounts etc.)	
Other Assets, inc. Trusts (please specify)	
<i>Note: Retirement funds are not included in assets</i>	
Liabilities	
Home Mortgage	
Loans	
Credit Cards	
Other (please specify)	

SIGNATURES: I hereby state that the information provided is accurate and complete to the best of my ability. Gould Farm reserves the right to verify all information provided.

Applicant Signature:	
Relationship to client:	
Date:	