FAMILY CARE PACKAGE

~Scholarship Application~

EMPOWER
CENTERS OF EXCELLENCE IN FAMILY BEHAVIORAL HEALTH

Options for Completion & Submission of Application

- You may print, complete, sign and fax it to 720-778-4078, Attention: Programs
- You may print, complete, sign and mail it to **EMPOWER** Centers, Attention: Programs, 6530 S. Yosemite St., Suite #210, Greenwood Village, CO 80111
- You may print, complete, sign and hand deliver it to **EMPOWER** Centers (address above)
- Call if questions, 720-778-4077

EMPOWER
CENTERS OF EXCELLENCE IN
FAMILY BEHAVIORAL HEALTH

EMPOWER: CENTERS OF EXCELLENCE IN FAMILY BEHAVIORAL HEALTH

FAMILY CARE PACKAGE SCHOLARSHIP APPLICATION

APPLICATION:

Empower Centers is dedicated to serving all families who seek our help including those who might be unable to pay for our programs and services. We recognize some families might be facing financial hardship that would preclude them from seeking the services they need. Financial assistance is offered through our Family Care Package Scholarship Program. This scholarship program is funded by charitable donations and grants.

Patient Name & Age:_____Date of Application: _____

Parent Names: _____Cell/Email (Mom): _____(Dad)_____

Child/Teen's Home Address/es:_____

Names of Wage Earners in Household and Place(s) of Employment:

_____

_____

PLEASE ATTACH COPIES PAY STUBS FOR LAST 30 DAYS FOR HOUSEHOLD WAGE EARNERS

Number of Family Members Who Are Financially Dependent: _____

Please Explain Why Your Family is Facing Financial Hardship and Seeking Fee Reduction:

_____

_____

_____

TERMS OF CARE PACKAGE SCHOLARSHIP:

The care package scholarship funds are limited and awarded in the form of rate reductions for a 3 month period. A calculation worksheet will be used in determining the fee. Scholarships awarded are subject to review after this 3 month period and will be renewed or reallocated to others in need, depending on findings of review. 48 hour notice will be required for an appointment cancellation at no charge. Cancellations made with less than 48 hours notice will be subject to a late cancellation fee of $50.00. Cancellations of 3 or more appointments within this 3 month agreement period may cause the Scholarship to be reallocated to others in need. The reduced fee awarded by the program will be paid in full at the time of service, unless other arrangements have been made.

Signature of Caregiver:_____Printed Named of Caregiver:_____Date:_____