

NextSteps Chicago Sliding Scale Enrollment Process

Greetings... We're pleased that you're considering the valuable services offered by NextSteps Chicago. Enclosed, you'll find information about our programs and pricing. What sets NextSteps Chicago apart from other rehab facilities is that low income & low resource participants can qualify for reduced fees for services.

Costs at NextSteps Chicago are supported by donations and fundraising. In today's economy, fundraising is a challenge in itself. We ask all clients consider ways to help NextSteps Chicago with its financial mission to continue providing services to all who need them.

As a means to the end, we're including a detailed financial assistance application for you to complete if you would like to apply for a reduction in fees. We ask each client who needs financial assistance to work with us to find sponsorship to help cover costs. Other family members, church groups, service clubs are just some of the resources that have helped people with SCI at other facilities around the country pay for the cost for high-quality therapies. Your financial information will remain confidential and will be reviewed privately with our board of directors. Proof of income is required along with trust information for any consideration for a reduced fee. Remember, we're here to help you with your rehab needs, and consider ourselves a part of your financial team as well.

Some clients might want to contribute more than the cost of services with donations towards sponsorship of those less fortunate, and we certainly appreciate that level of support. NextSteps Chicago is a non-profit tax exempt 501 c (3) corporation and is fortunate to be a recipient of these types of generosity.

Please contact the NextSteps Chicago office if you have any questions regarding the financial assistance form.

We look forward to serving you and thank you for your interest in NextSteps Chicago.

NextSteps Chicago
Financial Assistance Request Form
TO BE FILLED OUT AT TIME OF FIRST APPOINTMENT
(Not necessary if able to pay full rates)

Program Participant Name _____

Address: _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Business Phone _____ Email _____

Person Financially Responsible for Account _____

Address _____

City, State, Zip _____

Phone number _____ Email _____

I/We are requesting a scholarship of \$ _____ per/month, and will participate in helping to raise funds by doing the following:

I can contribute the following amount a month to pay for the exercise program \$ _____
Please note: client contribution will vary depending on need based on the financial information given.

Regardless of the qualifying amount, I acknowledge that it is my financial responsibility to pay for services rendered by the end of each month.

**Signature of Participant or
Financially Responsible agent**

Date

**Signature of NextSteps Chicago Authorized
Fiscal Agent**

Date

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Participant Name _____

Date of Birth _____ Social Security # _____

Marital Status: Married (#of years) _____ Unmarried _____ Separated _____ Divorced _____

Spouse Name: _____

Spouse Date of Birth _____ Spouse Soc# _____

Home Address _____

Own Home _____ Since _____ Rent Home _____ Since _____

If Own, approximate value in equity _____

Other circumstances in housing or shelter _____

Name, relationship and birth date of all dependants living at home:

Name _____ Relationship _____ Birth Date: _____

Name _____ Relationship _____ Birth Date: _____

Name _____ Relationship _____ Birth Date: _____

Name _____ Relationship _____ Birth Date: _____

Name, Relationship and birth date of other dependants Not living with you

Name _____ Relationship _____ Birth Date: _____

Name _____ Relationship _____ Birth Date: _____

Name _____ Relationship _____ Birth Date: _____

Assets: Please describe assets :

Checking account Balance\$ _____ Saving Account Balance\$ _____

Trusts _____ Other: _____

Other: _____

Please provide proof of monthly income by submitting copy of latest IRS form 1040 and last 2 pay stubs.

My Total annual household income is less than: Please Circle

CLIENT INCOME SLIDING SCALE CHART

	Pay 50%	Pay 60%	Pay 75%	Pay 100%
Yearly Income	\$0 to \$14,999	15000 to \$34,999	\$35,000 to 49,999	Over \$50,000

Self

Employed _____ Unemployed _____ Since _____ Retired _____

Monthly Household Income _____

Current Source of Income (please list all sources such as SSI, Child Support, Alimony, Interest on any trusts or accounts)

Trusts: Please describe any other potential sources of income or resources that are, or may be available to you, including, where possible the amount of the income or resource in question. As an example, if you are the beneficiary of a trust or foundation, and are eligible for mandatory or discretionary distributions or grants from that trust or foundation, please describe the trust and your rights under it.

This information will be reviewed by the board of directors of NextSteps. If there is any other information you want the board to know, please submit your information in the form of a letter and attach it to the completed packet. Note here you've attached a letter for our review. _____

I undersigned hereby verifies that all the above information is true and may be verified with any of the above.

Signature of Participant or
Financially Responsible Agent

Date