

## Centerstone Application for Client Assistance -- Illinois

Client Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City,State,Zip: \_\_\_\_\_

Client ID#: \_\_\_\_\_ SS#: \_\_\_\_\_ Phone \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_

Household Income: \_\_\_\_\_ Family Size: \_\_\_\_\_

Must provide one of the following: (attach to this form)

Proof of most recent pay stubs \_\_\_\_\_ Provide copy of recent federal income tax return \_\_\_\_\_ Certify that unemployed \_\_\_\_\_

Family Size	100% FPL	101%-150% FPL	151% to 200% FPL	201%-300% FPL
1	12,880	12881-19320	19321-25760	25761-38640
2	17420	17421-26130	26131-34840	34841-52260
3	21960	21961-32940	32941-43920	43921-65880
4	26500	26501-39750	39751-53000	53001-79500
5	31040	31041-46560	46561-62080	62081-93120
6	35580	35581-47321	47322-71160	76161-106740
7	40120	40121-60180	60181-80240	80241-120360
8	44660	44661-66990	66991-89320	89321-133980

- ( ) Yes ( ) No Are you an Illinois resident?  
 ( ) Yes ( ) No Are you a US citizen or qualified alien?  
 ( ) Yes ( ) No Do you have private behavioral health insurance, VA benefits, IL Medicaid /IL Medicaid Managed Care?  
 ( ) Yes ( ) No Do you currently have Medicare Part B?

Service	At or Below 100% FPL	101 to 150% FPL 90% Discount	151-200% FPL 85% Discount	201% -300% 50% Discount
Intake	\$15	\$25	\$37	\$122
Individual	\$10	\$24	\$36	\$120
Group	\$5	\$6	\$9	\$30
Psych Eval	\$20	\$28	\$41	\$137
Med Check	\$10	\$13	\$19	\$64

I want to apply for Centerstone's Client Assistance Program. I understand this program is limited to one (1) to five (5) sessions and that acceptance to this program is not a guarantee of services. This discount may be extended on a monthly basis if my treatment is medically necessary and I provide Centerstone verification of my income and family size. I understand that the failure to show for an appointment without giving 24-hour notice may result in my removal from the Client Assistance Program.

\_\_\_\_\_  
 Applicant/Guarantor's Signature Date

\_\_\_\_\_  
 Approval (Onsite Clinical Manager or above) Date

Completed form send the Central Billing office team- West Frankfort.  
 Enrollment team scan into the chart and file paper copy in sliding scale folder.