
Financial Aid Program INSTRUCTIONS



Dear Family Members:

Thank you for your interest in Skyland Trail. Through the generosity of Skyland Trail donors and friends, we offer a financial assistance program to help clients and families who meet need-based financial criteria.

Please find award guidelines and an application for financial aid attached. In order for the Financial Aid Committee to consider your application, all required information must be provided by and on behalf of the Financially Responsible Party (i.e. Guarantor) for the client, and not by or on behalf of the client admitting to Skyland Trail. Application requirements are outlined in the Financial Aid Program Guidelines on page two (2) of this document.

In order to help as many clients and families as possible, all applications for financial assistance are carefully reviewed to ensure that each aid recipient has demonstrated financial need. Once the completed Application Form and requested information are received by Skyland Trail, please allow 5 business days for review.

Please return your completed application by email to: financialaid@skylandtrail.org

Or by mail to: Finance Department, Skyland Trail, 1961 North Druid Hills RD NE, Atlanta, GA 30329

Or by fax to: 404-315-9838

Or complete the application online:

https://skylandtrail.formstack.com/forms/financial_aid_application

Again, thank you for your interest in Skyland Trail. We appreciate your assistance in this application process and look forward to hearing from you.

Sincerely,

A handwritten signature in blue ink that reads 'Patty Reid'.

Patty Reid
Secretary
Board of Directors

Financial Aid Program GUIDELINES



Skyland Trail understands that investing in your loved one's mental health requires a significant commitment, both emotionally and financially. While those clients and families who demonstrate the greatest financial need will receive the most financial assistance, Skyland Trail makes every effort to help as many families as possible.

AMOUNT OF AWARD

Please note that the amount of financial assistance awarded cannot exceed the amount of your financial responsibility. Therefore, financial aid does not apply to program fees that are considered in-network by your insurance provider or for which you receive reimbursement from your out-of-network benefits.

ELIGIBLE FEES & EXPENSES

Financial assistance may be applied only to program fees and professional services expenses that are NOT covered by insurance. Financial aid may be applied to program fees, family therapy, psychological testing, and psychological services if the services are not in-network with or are not authorized by the client's insurance provider.

Financial assistance may not be applied to the following:

- Co-pays
- Coinsurance
- Deductibles
- Admission Fee
- Labwork
- Medications
- Wellness services provided in or by the Glenn Family Wellness Clinic
- Preventive, urgent or specialized healthcare services rendered and billed by third party healthcare providers

APPLICATION

To maximize the financial aid benefit to the recipient, Skyland Trail encourages families to complete the Financial Assistance Application during the client's admission process, but applicants may submit the application at any time during the client's treatment. The person responsible for paying the treatment costs (the Financially Responsible Party or Guarantor) should provide his or her financial information to complete the application and the Personal Financial Statement. If a second Financially Responsible Party is required, an additional Personal Financial Statement and Federal Income Tax Returns for the most recent three (3) years must be submitted for that individual as well.

A complete application packet includes:

- Skyland Trail **Financial Aid Program Application Form** (page 3 of this document)
- Skyland Trail **Personal Financial Statement** for the Financially Responsible Party and any other individuals responsible for payment of treatment costs (page 4 of this document)
- **Federal Income Tax Returns** for the last three (3) years for the Financially Responsible Party or Parties (please send only the first two pages of each return)
- A **letter from the Financially Responsible Party** describing any special circumstances is strongly encouraged

APPROVAL PROCESS

Once the completed Application and requested information are received by Skyland Trail, please allow approximately 5 business days for review. If approved, the financial aid discount will be applied beginning the day the award is approved.

Financial Aid Program APPLICATION FORM



Client Information

Client Name:	
Client Address:	

Financially Responsible Party

Name:			
Address:			
Email:		Phone:	

List all individuals who provide financial support to the client in addition to the financially responsible party. Please include name, address, and phone number.

Name:			
Address:		Phone:	
Second Financially Responsible Party <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name:			
Address:		Phone:	

Select the program(s) to which you are applying for scholarship funding.

Adolescent Programs (ages 14 to 17)
<input type="checkbox"/> Residential Treatment <input type="checkbox"/> Day Treatment (PHP)

Adults Programs (ages 18+)
<input type="checkbox"/> Residential Treatment <input type="checkbox"/> Day Treatment (PHP) <input type="checkbox"/> Transitional Living <input type="checkbox"/> Intensive Outpatient Program (IOP) <input type="checkbox"/> Independence Coaching <input type="checkbox"/> Vocational Services <input type="checkbox"/> LEAP / Social Enrichment

Do you intend to contract with SJ Health Insurance Advocates to coordinate reimbursement for any out-of-network benefits for residential or day treatment? Yes No

_____ (PLEASE INITIAL) I have read and understand the Financial Aid Program Guidelines (pg 2).

Financial Aid Program

PERSONAL FINANCIAL STATEMENT



Please complete with information for the **Financially Responsible Party (not with the client's information)**. Separate Personal Financial Statements are required for the Financially Responsible Party, a second Financially Responsible Party (if required), and any other individual(s) responsible for payment.

Client Name: _____

Date: _____

Guarantor Total Monthly Income		Guarantor Assets	
Monthly Net Salary (Take Home)		Checking Account Balance	
Monthly Business Income (Take Home)		Savings Account Balance	
Monthly Social Security Income		Real Estate Current Value	
Monthly Pension/Annuities Income		Certificate of Deposit	
Monthly Investment Income		IRA	
Monthly Trust Fund Income		Retirement Investments	
IRA Monthly Dividends		Trust Fund Balance	
Monthly Rental Property Income		Personal Property (jewelry, cars, boats, recreational vehicles, furniture & household goods)	
Gifts Received Monthly		Other Investments:	
Alimony Received Monthly			
Other Monthly Income			
Total Monthly Income:		Total Assets:	
Guarantor Total Monthly Expenses		Guarantor Liabilities	
Monthly Food Expenses		Primary Home Mortgage Balance	
Monthly Clothing Expenses		Credit Cards/Charge Accts Balance	
Monthly Shelter (circle: rent or mortgage)		Loans Balance	
Monthly Utilities / cell phone		Debts (guaranteed debt)	
Monthly Auto Payment (if applicable)		Taxes Owed Federal/State	
Monthly Insurance (auto + home if not included in mortgage payment)		Other Financial Obligation Balance (Describe below)	
Monthly Medical Expenses			
Monthly Prescription Drugs			
Monthly Child Care			
Monthly School Tuition			
Monthly Child Support			
Loan Payments (itemize)			
Real Estate Taxes (if not included in mortgage) (estimated annual taxes ÷12)			
Other:			
Total Monthly Expenses:		Total Liabilities:	
Discretionary Funds: (monthly income minus monthly expenses)		Net Worth: (assets minus liabilities)	

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

Guarantor Signature:		Date:	
Relationship to client:			