



TURNING POINT OF TAMPA
CHARITABLE FOUNDATION

APPLICATION FOR PARTICIPATION

Section 1 - Personal Information:

Client Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Spouse Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

OR

Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

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Section 2 - Financial Information

Individual Assets: _____

Family Assets: _____

Assets Include:

Cash: _____

Savings Account: _____

Checking Account: _____

Other Assets: _____

Explain: _____

	Weekly	Monthly	Yearly
Salary/ Wages Before Deductions			
Public Assistance			
Social Security Benefits			
Unemployment/ Workers Compensation			
Veteran's Benefits			
Alimony/ Child Support			
Other Monetary Support			
Pension Payments			
Dividends/ Interest			
Rental Income			
Net Business Income			
Other			
TOTAL			

Are You Currently employed? _____ Name of Employer: _____

Phone: _____ Address: _____ City, State, Zip: _____

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Section 2 - Continued

Number of Dependents: _____

Dependent's Name	Date of Birth	Social Security Number

Do You Have Insurance? _____ Provider: _____ Member ID: _____

Section 3 - Client History and Statement

Please describe your extraneous financial difficulties: _____

Explain your need for treatment at Turning Point of Tampa: _____

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Section 3 - Continued

Why are you qualified to receive a scholarship for treatment? _____

What do you want the committee to know about your level of willingness to complete treatment?

How did you hear about the Turning Point of Tampa Charitable Foundation? _____

What are your plans after treatment at Turning Point of Tampa? _____

Where do you plan on living? _____

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Section 3 - Continued

Have You Been in Treatment Before? _____

Where	When	Did you Complete Treatment?	Did You Leave Against Staff Advice?

What 12 Step experience have you had (Meetings, Sponsor, Step-Work)? _____

Any periods of drug-free living (Dates)? _____

I understand that the information I provided may be subject to verification by the appropriate organizations including the Federal and State Government. Willful misrepresentation of these facts will make me liable for all charges accrued while at Turning Point of Tampa.

I certify that the information I provided regarding my income and assets are true and correct. I understand that it is my responsibility to inform Turning Point of Tampa of any changes in status in regards to my income and assets.

Signature: _____ Date: _____

Phone: _____