

GUIDELINES FOR Financial Assistance FOR OUTPATIENT PSYCHIATRIC CARE

Please read and sign prior to filling out the application.

The following are the Guidelines of Yesh Tikvah for providing financial assistance to individuals for outpatient psychiatric care.

Yesh Tikvah (YT) is a 501(c)(3) Non-Profit Organization. YT is funded and supported by and through the generous support of tax deductible contributions and other support of the community.

YT uniquely provides financial assistance to individuals to seek and obtain the mental health services they need, but otherwise cannot afford. YT financial assistance is limited to covering a certain percentage of an individual's fees. YT does not cover the costs of any other mental health services or supports and does not provide any financial or other assistance in connection with any prescriptions or medications.

YT is not a health plan, health insurance issuer, health maintenance organization or health care provider. It is a resource for financial assistance for those in need who do not otherwise qualify for comparable coverage through medical insurance and/or government programs like Medicare and Medicaid. Before applying to YT for help, those seeking financial assistance must demonstrate that they are not eligible for comparable care through medical insurance or government programs (i.e., Medicare or Medicaid) or that the medical coverage they have has significant co-pays or deductibles, so that financial assistance is necessary.

Anyone wishing to seek financial assistance through Yesh Tikvah must complete the entire Yesh Tikvah client application honestly and fully. A copy of the Yesh Tikvah client application is attached to these guidelines. Incomplete applications may result in delays in consideration or in rejection.

Anyone who completes and submits a Yesh Tikvah client application, whether he or she is awarded financial assistance or not, is considered a YT Client for privacy, confidentiality and security of information purposes. YT has special policies and provisions to protect the privacy, confidentiality and security of client information.

Yesh Tikvah has established and appointed a special committee of individuals to review client applications. Applications will be reviewed in the order in which they are received, on a rolling basis. Approved applications are subject to the availability of funds to provide financial assistance.

YT funds available for financial assistance are extremely limited and subject to the generosity of donors. YT reserves the right, at its sole discretion, to limit its financial assistance to its available funding, notwithstanding the approved status of any application.

Except in extraordinary circumstances, or as Yesh Tikvah may, in its sole discretion, make exception from time to time, YT restricts financial assistance to adults (18 and older) for mental health services.



GUIDELINES FOR FINANCIAL ASSISTANCE FOR OUTPATIENT PSYCHIATRIC CARE

YT financial assistance shall be contingent upon the client obtaining mental health services from a mental health counselor or therapist who is acceptable to YT, at rates acceptable to YT. Decisions about adding or removing a mental health professional to our provider network are solely that of YT. Decisions as to acceptable rates are solely that of YT. Clients, therefore, are advised to check with YT on acceptable mental health counselors and therapists and acceptable rates.

Since YT wishes to assist as many people as possible, we ask that clients discuss rates with the selected providers and attempt to negotiate as low a rate as possible. If the client is not covered by insurance, providers may be willing to provide services at the adjusted rate that the provider has agreed to accept from a health care insurer.

Should YT approve a Client for financial assistance, any actual financial assistance that YT may provide shall be and is expressly subject to each and all of the following conditions, unless specifically waived by the committee:

- Client must first have completed, signed and submitted to YT the Yesh Tikvah client application, as well as read, agreed to, signed and submitted a copy of these Guidelines.
- The Client's Yesh Tikvah application must first have been approved by the YT Committee for financial assistance.
- YT must determine that it has sufficient funds to provide the client financial assistance for 6 visits to a psychiatrist or for such other time periods and durations that YT may determine.
- YT may decide to limit, restrict or rescind client financial assistance for any reason, at YT's sole discretion at any time.
- In the event the client receives any insurance or governmental reimbursement for any sessions paid by YT, the client agrees to notify YT of the reimbursement immediately and to remit to YT any amount of the reimbursement requested by YT.
- YT will only fund psychiatric care if it is provided by a licensed medical professional (psychiatrist, psychiatric nurse)
- YT will only pay for the services if we receive the invoice and receipt of payment within 60 days of the session.

Any financial assistance YT may make on behalf of the client shall be paid to the provider, with instructions that such financial assistance be applied only to the costs of the monthly psychiatric visits for which financial assistance was approved. Accordingly, YT does not pay any financial assistance directly to the client. Further, in no event may any financial assistance be applied to any liability for past psychiatric visits or to other balances or reimbursements due to the provider, but not for approved visits or for missed visit charges. For example, financial assistance cannot be used to pay for books, CDs, tapes, or other similar items, even if recommended by a counselor or therapist.

YT does not assume responsibility for quality of care or services. The choice of mental health counselor or therapist is that of the client. Even though YT may limit financial assistance for client sessions with a mental health professional acceptable to YT, in no event does YT prohibit or restrict any person from obtaining mental health care from any mental health provider. Just as it is the client's choice to decide on a mental health counselor or provider, it is the client's choice whether to seek or pursue financial assistance through YT. YT reserves the right to condition client financial assistance at any time upon the client's

GUIDELINES FOR Financial Assistance FOR OUTPATIENT PSYCHIATRIC CARE

reporting any developments in the client's situation that may impact YT's decision to provide financial assistance. For example, the Client is responsible to inform YT of any material change in their financial circumstances (such as obtaining insurance covering visits) from that which existed at the time the application was made for YT assistance. Similarly, YT reserves the right to condition client financial assistance based on the client's maintaining contact with YT periodically as determined by YT with respect to the client's perceived progress as a result of mental health care.

As a condition for receiving any financial assistance, the client must keep all details of YT financial assistance strictly confidential.

YT reserves the right to stop funding assistance at any time and for any reason.

Please be aware that the ultimate responsibility to pay the provider lies with the client. YT will not provide financial assistance unless the client complies with all YT Guidelines and any other requirements which may be a condition of assistance. By signing, the client agrees to abide by the above guidelines.

I understand and agree that YT and its committee may speak to the Rabbi or provider or person advising the client (listed it on the application form) about the mental health services. We will only do this in order to determine if YT will fund the services requested.

I/we acknowledge that Yesh Tikvah is solely a funding organization and is neither a provider of health care, nor has Yesh Tikvah selected my health care provider. I/we agree to release Yesh Tikvah for any and all liability for (i) any services I receive from any health care provider;(ii) for any actions Yesh Tikvah may take or not take based on information it receives from my health care provider(s) or others; and (iii) for any funding decisions Yesh Tikvah makes regarding my application.

Client or Parent Signature

Print Name

Date



APPLICATION

Section A

Name _____

Address _____

Telephone No. _____ Email _____

Name of participant in psychiatric care _____

Date of Birth _____

Who lives at home with you? Spouse Children, if yes how many? _____

What is the issue that requires care? (check all that apply)

bi-polar grieving/loss anxiety addiction serious illness schizophrenia other

If other, please specify _____

Is the client engaged in counselling with a mental health provider? Yes No

If yes, please specify the therapist's name. _____

Anyone YT provides psychiatric support, must be engaged in therapy.

Has client seen a mental health professional in the last 3 years (include current mental health professional)?

Yes No

If yes, please provide names and dates of services:

Name of Mental Health Professional	Approx Start Date

APPLICATION

Name of anticipated Psychiatrist: _____

Estimated cost of care per session: _____

Who referred the anticipated provider? _____

Is there someone advising client in pursuing care for this issue? Yes No

If yes, who? _____

Please provide name and phone number of your family Rabbi who is familiar with your situation.

How did you hear about Yesh Tikvah?

Section B

Your occupation _____

Spouse's occupation _____

Total monthly income (total should include all forms of income i.e.; parental support, alimony, parsonage etc.)

Number of children in family _____ How many live with you or do you support? _____

Monthly tuition fees for entire family _____

Does family have health insurance? Yes No

If yes, please state company and policy type _____

Please provide all information regarding the amount of coverage health insurance provides for counseling (ie: co-pay, number of visits allowed annually, deductibles etc.)

APPLICATION

Does family receive government benefits? Yes No

If yes, please provide details and amounts.

Please list any mitigating financial circumstances that family is undergoing.

Section C

Please note that YT may request further references or information if the situation warrants it. I confirm that all the above information is correct to the best of my knowledge.

Signature

Date