



**TRANSITIONAL LIVING
PROGRAM FINANCIAL
ASSISTANCE APPLICATION**

Place name sticker here

Why would you like to be considered for financial assistance to attend the Transitional Living Program?

How do you feel that the Transitional Living Program would benefit you?

Briefly describe the challenges that brought you to Silver Hill that you would like treatment for in the Transitional Living Program.

What are your goals for treatment in the Transitional Living Program?

What motivated you to seek treatment?

What skills would you like to learn while residing in the Transitional Living Program?

How would you positively contribute to the group living experience of the Transitional Living Program?

We are able to offer financial assistance to patients with need because of the generous gifts of Silver Hill donors. When your stay at Silver Hill is complete, and if you are satisfied with your treatment program, there is an opportunity for you to play a significant role in ensuring future financial assistance for other patients like yourself. By writing a short "impact statement" describing how your stay at Silver Hill has helped you, you will inspire donors to continue to provide these crucial funds to others in need. Many patients have a desire to "give back" when their stay is completed, and this is a simple and much appreciated way to do just that. Silver Hill staff is available to help you to write a statement should you need any assistance at all. Thank you for being an important part of the cycle of giving.

Patient Signature: _____ Date: _____

Chief Clinical Officer: _____ Date: _____