



Alex Panton Foundation's Financial Assistance Programme
Financial Aid Request *Form B (Financial Information)* - Introduction and Disclaimer

Alex Panton Foundation's Financial Assistance Programme

The Alex Panton Foundation (APF) provides Financial Aid to persons legally resident in the Cayman Islands up to thirty (30) years old, who are seeking or currently receiving care for mental illness(es) and who are uninsured or underinsured.

Financial Aid is provided on an individual basis and is assessed by the APF Financial Assistance Policy Committee (the Committee) of the Board of Directors within two (2) weeks following the submission of the Request for Financial Aid Form.

All applications are reviewed on a case-by-case basis. The granting of assistance in all cases is at the sole discretion of the Committee. Failing to disclose any relevant information, providing false information, or failing to advise of any change of financial circumstances after assistance has been provided may result in assistance being denied or terminated or withdrawn without further notice.

Should an Applicant require assistance with completing the sensitive information requested in Form B, please notify your Service Provider or APF at assistance@alexpantonfoundation.ky so that APF may coordinate an appropriate volunteer to meet with the Applicant. This volunteer will be responsible for helping to complete and submit this form and any additional documents to APF. Applicants who are capable of completing Form B may directly submit the completed form to assistance@alexpantonfoundation.ky.

Disclaimer:

The information submitted in this form is for the sole use of the members of the Committee. This information will be used only to make a determination on the amount and term of the financial assistance. The form will be submitted through a designated email address for the purpose of exchange of information between the Committee and the Applicant. The email address for submission of forms is assistance@alexpantonfoundation.ky.

Please answer all questions. If a question is not applicable to you, please answer N/A. If you need additional space to answer any question, please use the space provided on the Additional Information page of this application.



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TERMINOLOGY LIST

Applicant

The individual applying for financial aid. In cases where the Patient is financially independent, the Applicant may also be the Patient. In cases where the Patient is a dependant, the Applicant is an individual financially responsible for the Patient.

Domestic Services

This summary from your monthly expenses should include: Childcare, Domestic Helper, Caregiver(s), etc.

Entertainment

This summary from your monthly expenses should include: Dining out, Social events, Non-essentials, etc.

Home Utilities

This summary from your monthly expenses should include: Electricity, Water, Telephone, Cable, Internet, Propane, etc.

Living Expenses

This summary from your monthly expenses should include: Groceries, Transportation, Gas, Other meals, etc.

Patient

The individual in need of treatment. In cases where the Patient is financially independent, the Patient may also be the Applicant. In cases where the Patient is a dependant, an individual financially responsible for the Patient must be the Applicant.



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Request for Financial Aid **Form B (Financial Information)**

PLEASE ANSWER ALL QUESTIONS FULLY. IF A QUESTION IS NOT APPLICABLE TO YOU, PLEASE ANSWER "N/A". IF YOU NEED MORE SPACE, PLEASE USE THE SPACE PROVIDED ON THE "ADDITIONAL INFORMATION" PAGE (5).

SECTION A: Patient / Applicant Employment Information

If the Patient is a dependant of the Applicant, please respond with Applicant's information.

Name of Employer: _____

Job Position/Title: _____

Physical Address: _____ Phone Number: _____

Supervisor's Name: _____

If you are unemployed, please state reason for unemployment:

SECTION B: Patient or Applicant Financial Information

Where the Patient is a dependent, please respond with Applicant's information.

Number of Dependants: _____

Bank/Savings Institution: _____

Balance of all accounts: _____

Monthly Income (Applicant and Spouse):

Employment CI\$ _____

Rental Income CI\$ _____

Pension CI\$ _____

Other benefits/income CI\$ _____



Alex Panton Foundation
Request for Financial Aid **Form B (Financial Information)**

Monthly Expenses:

Rent/Mortgage	CI\$ _____
Home Utilities	CI\$ _____
Domestic services	CI\$ _____
Entertainment	CI\$ _____
Living expenses	CI\$ _____
Health Insurance	CI\$ _____
Pension	CI\$ _____
Credit cards/loans	CI\$ _____
School fees	CI\$ _____
Other	CI\$ _____

Please provide additional information as to the reason you are seeking financial assistance:

SECTION C: OTHER ASSISTANCE

Did you receive assistance from an APF volunteer to complete this form? Yes No

If "Yes" please provide:

Volunteer Name: _____

Contact Number: _____

Email: _____



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As evidenced by my signature below, I declare that the best of my knowledge all information provided in this application and any supporting documentation to the Alex Panton Foundation is true and complete:

Patient or Applicant Signature

Patient or Applicant Name

Date (DD/MM/YY)

Witness Signature

Witness Name

Date (DD/MM/YY)