

Additional Financial Supplement Approval Form

Please complete the following application:

- LGBT Adult (Over 26 years old)
- Motivated for Treatment and Demonstrated Progress Met
- Lacks sufficient financial resources to cover the cost of treatment

Describe client's progress in meeting goals/objectives during the prior treatment period.

Describe client's motivation and adherence to treatment.

How long has the client been receiving care supplemented by the Ray of Light Fund?

Does the client require ongoing treatment services and still lack sufficient financial resources?

Describe the type of treatment that you recommend going forward in terms of number of weekly/monthly sessions and duration of treatment**

Describe plans in place for increasing patient's self payment.

**The Ray of Light Fund can provide up to six months of financial subsidy with possibility of renewal

Date: