

**Northwestern Counseling & Support Services  
Camp Rainbow Hardship Application**

<b>Applicant's Name</b>		<b>Home Phone</b>	
<b>Client's Name</b> (if different)		<b>NCSS Account Number</b>	
<b>Mailing Address</b>			
<b>Place of Employment</b>			

<b>What are the Circumstances for Applying?</b>			
<b>Requested Adjustment</b>			
<b>Name of Insurance Company</b>			
<b>Current NCSS Payments</b>	<b>Visit Co-pay</b>	<b>Visit Self-pay</b>	<b>Monthly</b>
<b>Current NCSS Balance</b>			

**PROOF OF INCOME MUST ACCOMPANY A HARDSHIP APPLICATION  
(INCOME TAX RETURN, PAY STUB SHOWING YEAR-TO-DATE EARNINGS, ETC.)**

	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
<b>Household Gross Income</b>			
<b>Individuals Supported on Income</b>			

**PHOTOCOPY OF MONTHLY BILLS WILL BE REQUIRED  
ESSENTIAL BILLS ARE CONSIDERED**

<u>Routine Monthly Expenses</u>	<u>Amount</u>	<u>Other Routine Monthly Expenses</u>	<u>Amount</u>
<b>Rent/Mortgage</b>			
<b>Heat</b>			
<b>Electricity</b>			
<b>Phone</b>			
<b>Car payment / Transportation</b>			

**ALL HARDSHIP ADJUSTMENTS ARE SUBJECT TO REVIEW A MINIMUM OF EVERY 6 MONTHS OR SOONER IF INCOME OR MONTHLY EXPENSE CIRCUMSTANCES CHANGE.**

<b>Review Date and Determination:</b>			
<b>Approved by</b>	<b>Date</b>	<b>Reviewed by</b>	<b>Date</b>
<b>Todd Bauman</b> Children's Division Director		<b>Karen Martell</b> Billing Manager	

Revised: 20 April 2010

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Dear NCSS client:

**Please fill this hardship application out completely.**

- **PROOF OF INCOME MUST ACCOMPANY A HARDSHIP APPLICATION (INCOME TAX RETURN OR PAY STUB SHOWING YEAR-TO-DATE EARNINGS, ETC.)**
- **ALL HARDSHIP ADJUSTMENTS ARE SUBJECT TO REVIEW A MINIMUM OF EVERY 6 MONTHS OR SOONER IF INCOME OR MONTHLY EXPENSE CIRCUMSTANCES CHANGE.**

**Hardship applications are reviewed once a month and you will receive a letter with the determination results.**