



Funding Assistance Application Packet

For treatment program, recovery housing, sober living, and approved recovery support scholarship requests.

Applicant Full Name:

Date:

Preferred Program or Facility:

Purpose

New Life Resources, Inc. provides scholarship assistance to help eligible applicants access addiction recovery treatment programs, recovery housing, sober living, and approved recovery support services when financial hardship is a barrier to admission or continued participation.

How the application process works

1. Complete every section of this application and sign each required authorization.
2. Attach all required documents, including program acceptance or fee verification when available.
3. New Life Resources may contact the program, support contacts, employers, agencies, or insurers to verify eligibility and need.
4. Qualified applicants may be asked to participate in a short phone or virtual review meeting before final approval.
5. If approved, scholarship funds are paid directly to the approved program or provider, not to the applicant.

Important notice

Scholarship funding is limited and is not guaranteed. New Life Resources does not provide medical care, clinical diagnosis, emergency services, legal advice, or treatment placement guarantees. If you are in immediate danger or experiencing a crisis, call 911 or call/text 988. For treatment referral information, contact SAMHSA at 1-800-662-HELP (4357).

Submission information

Submit the completed application and supporting documents through the secure submission method designated by New Life Resources. Do not send original documents. Do not send sensitive health, identity, or financial documents by regular email unless New Life Resources has specifically provided a secure method or instructed you to do so.

Secure portal:

Phone:

Email:

Eligibility guidelines

1. Applicant is seeking admission to, continuation in, or transition into an approved addiction recovery treatment program, recovery housing, sober living, or recovery support program.
2. Applicant demonstrates financial need and does not have sufficient resources to pay the requested program cost.
3. Applicant provides complete information, required signatures, and supporting documentation.
4. A program representative can verify acceptance, fees, balance due, and payment instructions before funds are released.
5. Scholarship awards are limited, prioritized by need and urgency, and are not guaranteed.
6. Approved funds are paid directly to the approved program or provider.

Application review settings - to be completed by New Life Resources

Review cycle:

Application window:

Minimum applicant contribution, if any:

Priority categories:

Required documentation checklist

- | | | |
|--|---|--|
| ☐ Government-issued photo ID | ☐ Program acceptance letter | ☐ Provider fee verification |
| ☐ Proof of income or no-income statement | ☐ Pay stubs, benefits, or tax documents | ☐ Insurance card or coverage denial |
| ☐ Housing or homelessness verification, if applicable | ☐ Court or referral paperwork, if applicable | ☐ Applicant contribution proof, if applicable |
| ☐ Signed financial need declaration | ☐ Signed release/authorization forms | ☐ Other documents requested by NLR |

Privacy reminder

This application may include sensitive personal, financial, and treatment-related information. New Life Resources should collect and store completed applications through a secure process and should not require applicants to email sensitive documents unless a secure method is provided.

Applicant acknowledgement of checklist

I understand that incomplete applications may not be reviewed and that New Life Resources may request additional documentation before making a decision.

Applicant Signature:

Date:

Initials:

Personal information

Legal name:		Preferred name:	
Date of birth:		Age:	
Last 4 of SSN:		County:	
Gender/pronouns (optional):		Marital status:	
Current mailing address:			
City/State/ZIP:		Safe to mail here?	
Primary phone:		Safe voicemail?	
Email:		Safe to email?	

Current living situation

- | | | |
|---|---|---------------------------------------|
| ☐ Own home/apartment | ☐ With family | ☐ With friends |
| ☐ Recovery housing | ☐ Treatment facility | ☐ Shelter |
| ☐ Hotel/temp housing | ☐ Unsheltered/homeless | ☐ Other |

If unstable housing or homeless, briefly describe your situation:

Emergency or support contact

Name:		Relationship:	
Phone:		Email:	
☐ New Life Resources may contact this person for application follow-up		☐ This person may receive limited status updates	

Requested program or facility

Program/facility name:			
Program address:			
City/State/ZIP:		Program phone:	
Program contact:		Contact email:	
Website:			
☐ Detox	☐ Residential treatment	☐ PHP	
☐ IOP	☐ Outpatient	☐ Medication-assisted treatment	
☐ Recovery housing	☐ Sober living	☐ Other	

Accepted?		Admission/start date:	
Length of program/stay:		Payment due date:	

Funding request

Total program cost:		Amount requested from NLR:	
Applicant contribution:		Other funding pledged:	
Balance due:		Requested payment date:	
☐ I authorize New Life Resources to contact this program to verify acceptance, fees, balance due, and payment instructions.			

Briefly explain what the scholarship should cover:

Recovery need summary

Please provide enough information for scholarship review. New Life Resources is not asking you to disclose more than is necessary to evaluate financial need, readiness, and program fit.

- | | | |
|--|--|--|
| ☐ Alcohol | ☐ Opioids/opiates | ☐ Fentanyl |
| ☐ Heroin | ☐ Benzodiazepines | ☐ Cocaine/crack |
| ☐ Methamphetamine | ☐ Marijuana | ☐ Other |

Sobriety date, if any:

Currently in treatment?

Clinical assessment completed?

Medical detox recommended?

Describe your current treatment or recovery need:

Recovery and treatment history

Number of prior treatment episodes:

☐ Faith community

Most recent program/date:

☐ Sponsor/mentor

☐ 12-step meetings

☐ Counseling/therapy

☐ Family support

☐ Peer support

☐ Case management

☐ Other

☐ Medication support

What helped you in the past, and what barriers made recovery difficult?

Legal or scheduling obligations that may affect participation

List court dates, probation/parole obligations, employment obligations, childcare needs, transportation issues, or other barriers that may affect admission or participation.

Employment and income☐ Full-time☐ Part-time☐ Temporary/seasonal☐ Student☐ Unemployed☐ Disabled☐ Retired☐ Unable to work currently☐ Other

Employer/source:

Monthly income:

Household size:

☐ Unemployment☐ SSI/SSA/SSDI

Dependents:

☐ Child support☐ Family support☐ VA benefits☐ TANF/SNA☐ None☐ Other**Monthly expenses and obligations**

Rent/housing:

Utilities:

Food:

Transportation:

Phone:

Medical:

Debt/legal:

Other:

Amount you can pay now:

Amount you can pay monthly:

Explain why you are unable to pay the program cost without assistance:**List other sources of help you have requested or plan to request:**

Insurance information

- | | | | |
|---|--|-----------------------------------|-----------------------------------|
| ☐ No insurance | ☐ Private insurance | ☐ Medicaid | ☐ Medicare |
| ☐ Marketplace plan | ☐ VA/TRICARE | ☐ Unknown | ☐ Other |

Insurance company:

Member/Policy ID:

Group number:

Policy holder:

Deductible/out-of-pocket:

Benefits verified?

If insurance will not cover the requested program or housing, explain the denial, gap, deductible, or reason:

Other programs and benefits

- | | | |
|---|---|--|
| ☐ County/state funding requested | ☐ Grant or scholarship requested elsewhere | ☐ Church or community support |
| ☐ Employer assistance | ☐ Family support | ☐ No other support available |

Provide details, contact names, and expected amounts for any other support:

Authorization to verify financial information

I authorize New Life Resources to verify income, benefits, program fees, insurance status, and other information reasonably necessary to evaluate this funding request.

Applicant Signature:

Date:

Applicant statement questions

Please answer honestly and in your own words. These responses help New Life Resources understand your goals, readiness, and how a scholarship could support your recovery plan.

1. Which program or service are you applying for, and why is this the right next step?

2. What do you hope to gain through this program? What are your recovery goals?

3. List three areas you are committed to working on during treatment or recovery housing:

4. Briefly describe what brought you to this point and why you are asking for help now:

5. How will this scholarship help your recovery and your future plans?

6. What support system and accountability plan will you use after admission or after the scholarship period?

Declaration of financial need

I certify that I am seeking substance use disorder treatment, recovery housing, sober living, or approved recovery support services and that I do not currently have sufficient financial means to pay for the requested program cost without assistance. I understand that New Life Resources may request documentation to support this application and may verify information with the program, support contacts, employers, benefit agencies, insurers, or other sources I identify.

Applicant statement supporting financial need:

Applicant certification

- ☐ I certify that the information in this application is true, complete, and accurate to the best of my knowledge.
- ☐ I agree to notify New Life Resources immediately if my program status, income, insurance, housing, or contact information changes.
- ☐ I understand that false, misleading, or incomplete information may result in denial, cancellation, or repayment request related to scholarship assistance.
- ☐ I understand that funding is not guaranteed, decisions are made case-by-case, and approved funds are paid directly to the approved provider or program.
- ☐ I understand that New Life Resources may request a phone or virtual review meeting before final approval.

Applicant Signature:

Date:

Printed name:

Initials:

Limited authorization to verify and exchange information

This authorization allows New Life Resources to request, receive, and share limited information needed to evaluate and administer a scholarship request. This form does not replace any additional release required by a treatment provider, insurer, or agency.

Applicant name: Date of birth:

Program/provider authorized:

Other person/agency authorized:

Information that may be requested, received, or disclosed for scholarship review

- | | | |
|--|--|--|
| ☐ Program acceptance/admission status | ☐ Program fees, balance due, and payment instructions | ☐ Attendance or participation status needed to verify scholarship use |
| ☐ Housing or residency status | ☐ Insurance or benefits verification | ☐ Income or employment verification |
| ☐ Referral or case management information | ☐ Limited treatment/recovery information needed for follow-up | ☐ Other information listed below |

Other authorized information or limits on this authorization:

Purpose and expiration

Purpose: scholarship eligibility review, funding decision, provider payment, donor-restricted fund accounting without unnecessary disclosure, and follow-up related to scholarship administration.

Expiration date: Or expires after:

I understand I may revoke this authorization in writing, except to the extent New Life Resources or another party has already acted in reliance on it.

Applicant Signature: Date:

Applicant agreement and acknowledgement

Please read and initial each acknowledgement. This section is intended to clarify the role of New Life Resources and should be reviewed by counsel before public use.

- ☐ New Life Resources is a funding assistance organization and is not a medical provider, treatment program, insurer, legal advisor, or emergency service.
- ☐ New Life Resources does not control admission decisions, clinical recommendations, program rules, discharge decisions, housing decisions, or treatment outcomes.
- ☐ A scholarship award, if approved, may be limited to specific fees, dates, programs, or conditions and may be cancelled if eligibility changes or information cannot be verified.
- ☐ Funds will not be paid to me personally. Approved funds will be paid directly to the approved provider or program according to New Life Resources procedures.
- ☐ If I leave the program early, am not admitted, or become ineligible, New Life Resources may request return or reallocation of unused funds from the provider according to the provider agreement.
- ☐ I authorize New Life Resources to communicate with me by phone, text, voicemail, email, mail, or secure portal based on the contact permissions I provide.
- ☐ I understand that email and text may not be fully secure, and I should avoid sending sensitive documents unless New Life Resources provides a secure method.

General release acknowledgement

To the fullest extent allowed by law, I understand that New Life Resources is not responsible for the acts, omissions, services, conditions, or decisions of any independent treatment program, recovery housing provider, sober living home, medical provider, insurer, agency, or third party. I understand that any program or provider I enter is separate from New Life Resources unless otherwise stated in writing.

Applicant Signature:

Date:

Printed name:

Provider/facility verification form - to be completed by program

New Life Resources may require this page before approving or releasing funds. Completion of this form does not guarantee payment. Funds are paid directly to the approved provider or program after verification and approval.

Provider/program legal name:			
DBA/name used with applicant:			
Provider contact:		Title:	
Phone:		Email:	
Mailing address:			
Tax ID/EIN:		License/certification, if any:	
☐ Detox	☐ Residential treatment	☐ PHP/IOP	☐ Outpatient
☐ MAT	☐ Recovery housing	☐ Sober living	☐ Other

Applicant and fee verification

Applicant name:		DOB:	
Accepted/admitted?		Start/admission date:	
Total cost:		Amount already paid:	
Balance due:		Amount requested:	
What fee period covered?		Payment deadline:	

Describe what the requested scholarship funds will cover:

Provider payment acknowledgement

Provider certifies that the information above is accurate, that funds received from New Life Resources will be applied only to approved charges for the applicant, and that unused or ineligible funds will be returned or handled according to New Life Resources instructions.

Provider representative Sig Date:

Applicant final submission checklist

- | | |
|--|--|
| ☐ All applicant sections completed | ☐ All required signatures included |
| ☐ Photo ID attached | ☐ Program acceptance or provider verification attached |
| ☐ Income/benefits/no-income documentation attached | ☐ Insurance or denial documentation attached, if applicable |
| ☐ Housing/homelessness verification attached, if applicable | ☐ All pages reviewed for accuracy |

Applicant final certification

Date:

New Life Resources internal review - staff use only

Date received:

Received by:

Application complete?

Documents verified?

Provider verified?

☐ Urgent admission

☐ Uninsured/underinsured

Review meeting date:

☐ Homeless/unstably housed

☐ No other funding

☐ Continuing care risk

☐ Other

Amount requested:

Amount approved:

Decision:

Decision date:

Reviewer notes and conditions of award:

Reviewer/authorized signer

Date: