



# Poetry for Personal Power

## Peer Support

### Financial Assistance Information

#### Having trouble paying for Peer Support Services?

Let Poetry for Personal Power help you! P3 is committed to providing programs that facilitate access to care for vulnerable populations. This commitment includes providing financial assistance to qualified low income peers so they can receive the supports they need. We understand that when there is not an ability to pay for services this can present a barrier to accessing necessary care. Peers must meet the eligibility requirements below to qualify.

#### Who is eligible for Financial Assistance and what are the requirements?

The Poetry for Personal Power financial Assistance program helps low-income, uninsured, or underinsured peers who need help paying for all or part of the Peer Support Services extended to them by Poetry for Personal Power. Peers are eligible for financial assistance when their family income is at or below 150% of the [Federal Poverty Guidelines \(FPG\)](#). Peers that fall within the targeted demographic and have special financial and/or living circumstances, or have experienced a recent mental hospital stay may also be eligible for the program, regardless of household income.

Household Size	Poverty Line	150% of Poverty Line Monthly	150% of Poverty Line Annual	Household Size	Poverty Line	150% of Poverty Line Monthly	150% of Poverty Line Annual
1	\$12,060	\$18,090	\$1,507.50	6	\$32,960	\$49,440	\$4,120.00
2	\$16,240	\$24,360	\$2,030.00	7	\$37,140	\$55,710	\$4,642.50
3	\$20,420	\$30,630	\$2,552.50	8	\$41,320	\$61,980	\$5,165.00
4	\$24,600	\$36,900	\$3,075.00	9	\$45,500	\$68,250	\$5,687.50
5	\$28,780	\$43,170	\$3,597.50	10	\$49,680	\$74,520	\$6,210.00

#### How do I apply?

Complete and submit a program application: Please mail completed applications (including all required documentation and information specified in the application instructions) to:

*Poetry for Personal Power, 4328 Madison Ave, Kansas City MO 64111*

Poetry for Personal Power will review submitted applications when they are complete and will determine whether you are eligible according to current programs and funds available to the organization. Incomplete applications may result in a delay in processing or denial of your application, but Poetry for Personal Power will notify applicants and provide an opportunity to send in the missing documentation or information, by the required deadline.



# Poetry for Personal Power

## Peer Support Financial Assistance Application

### Applicant Information

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you had an inpatient hospital stay for a mental health related event or issue within the last 60 days? *(Circle One)* Yes No

**Are you currently homeless? *(Circle One)* Yes No - If currently homeless please give mailing address and as much contact information as possible.**

**Shelter or Program?** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Email \_\_\_\_\_

Phone (cell or home?) \_\_\_\_\_ Message Phone \_\_\_\_\_

### *Separate Mailing Address?*

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Do you receive Food Stamps/SNAP Benefits? *(Circle One)* Yes No

Do you Receive TANF? *(Circle One)* Yes No

Do you Receive WIC? *(Circle One)* Yes No

Are you or any one in your household covered by Medicare A? *(Circle One)* Yes No

Are you or any one in your household covered by Medicare B? *(Circle One)* Yes No

Are you or any one in your household covered by Medicare D? *(Circle One)* Yes No

Are you or any one in your household covered by Medicaid? *(Circle One)* Yes No

**Household Information**

Legal Name	Relationship	Date of Birth	Social Security Number	U.S. Citizen (Y/N)	Gender
	Self				

**30-Day Income** - Please list income that you have received from all sources within the last 30 days.

Are you employed? (Circle One) Yes No

Hourly Wage \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Household Member	Source (i.e. S.S.I, Job, etc...)	Gross Amount (Before Taxes)	Frequency (ie. 15 <sup>th</sup> and 31 <sup>st</sup> , Biweekly, Weekly, Monthly, One Time Pymt, etc)	Name of Employer
Self	Job			

**Expenses**

Expense	Expense Amount (i.e. \$25.00)	Frequency ( i.e. Monthly)
Rent/Mortgage		
Electric		
Gas		
Water/Sewage		
Cellular Phone		
Traditional Phone		
Property Tax		

<b>Homeowners/Renters Insurance</b>		
<b>Condo/maintenance fees</b>		
<b>WiFi/Cable</b>		
<b>Garbage and/or trash collection fees</b>		
<b>Medical Fees</b>		
<b>Prescription</b>		
<b>Toiletries</b>		
<b>Car Note</b>		
<b>Car Insurance</b>		
<b>Child Support</b>		
<b>Student Loans</b>		

### Asset Information

**Do you or anyone in your household have liquid assets?** Liquid assets are: Cash, Savings and Checking Accounts, CDs (Certificates of Deposit), Trust, Bonds, Stocks, Retirement Accounts, Mortgage Notes

*(Circle One)* Yes No

**Do you or anyone in your household have property assets?** Property Assets are: Real Estate, Pre-paid Funeral Expenses and Burial Spaces, Business Assets, Other Property

*(Circle One)* Yes No

**Do you or anyone in your household have a vehicle, or is anyone buying a vehicle?**

*(Circle One)* Yes No

**Do you or anyone in your household have insurance assets? (Do not count Medicare or Medicaid coverage as an insurance asset.)**

Insurance Assets are: Health Insurance, Car Insurance, Life Insurance, HMO, Medicare Supplement Plans, Other Insurance

*(Circle One)* Yes No

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**FOR INTERNAL USE ONLY:**

Pay Type \_\_\_\_\_ Program/Grant \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_