

MIDLAND HOUSE, INC/ MIDLAND-AT-HOME

P.O. BOX 20724, Indianapolis, IN 46220

Annual Application for Financial Assistance for Christian Science Nursing Care

The very first step in requesting financial assistance is to apply to the National Fund for Christian Science Nursing at nfcsn.org. Very often some, most, or even all of your need may be met by NFCSN. Should you require additional funds, you may then apply to Midland House.

We wish to offer financial assistance to students of Christian Science who are expecting and working for spiritual healing and have limited resources for nursing care. This application must be completed and signed by the applicant or a family member and include a nurse's signature. Each request is handled on an individual basis. The information provided will assist us in determining the amount of assistance required.

APPLICATIONS AND INFORMATION ARE ABSOLUTELY CONFIDENTIAL AND ARE SEEN BY THIS BOARD ONLY. You may always re-apply for assistance. Your application will be considered as funds are available.

GENERAL INFORMATION ABOUT THE APPLICANT

Name _____

Address _____

Mother Church Member ___yes ___ no Branch Church Member of _____

City _____ State _____ Zip _____

CONTACT INFORMATION FOR PERSON COMPLETING APPLICATION

Telephone (____) _____ E-mail: _____

Is a Christian Science practitioner praying with you? ___yes ___no Telephone (____) _____

FINANCIAL ASSISTANCE

How much of your monthly nursing care costs are you able to pay from your own resources or those available to you? _____

Please include other information you believe will help us to evaluate your application on the reverse side and complete the second page of this application. The patient or family member should complete this form.

Signature of Applicant/Family member

Date

INFORMATION FROM THE CHRISTIAN SCIENCE NURSE PROVIDING CARE:

Total weekly cost of nursing care: _____

Signature of the nurse _____ *Date* _____

Please help us evaluate your request by completing this brief financial status sheet.
 ALL INFORMATION YOU PROVIDE WILL BE KEPT STRICTLY CONFIDENTIAL.

Monthly Income	
Wage/Salary	\$ _____
Pension	\$ _____
Social Security Annuity	\$ _____
Dividends	\$ _____
Interest Income	\$ _____
Other Income	\$ _____
Total Monthly Income	\$ _____
Assets	
Checking Account	\$ _____
Savings Account	\$ _____
Real Estate ¹	\$ _____
Other Stocks/Bonds	\$ _____
Insurance	\$ _____
Other Assets	\$ _____
Total Assets	\$ _____

Monthly Expenses	
Nursing	\$ _____
Practitioner	\$ _____
Mortgage/Rent	\$ _____
Utilities	\$ _____
Insurance	\$ _____
Groceries	\$ _____
All Other	\$ _____
Total Monthly Expenses	\$ _____
Liabilities	
Mortgage ²	\$ _____
Debts	\$ _____
Other	\$ _____
(please explain other on back)	
Total Liabilities	\$ _____

¹Including balance of value on reverse-mortgage asset.

²Including debt of reverse mortgage

Do you have health or disability insurance or other sources of financial assistance that would cover part of the cost of the Christian Science nursing? _____

While working with the Christian Science nurse, were you relying solely on Christian Science for healing? _____

Estimated financial assistance needed \$ _____

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Signature of Applicant _____ **Date** _____

Signature of Family Member _____ **Date** _____

Please call Midland House Treasurer/Financial Aid Committee member, Sandy Martinelli, if you have questions.
 317-432-5984