Healing with dignity.
Transforming with grace.

Financial Accessibility Form – All Services

Confidential Intake Document

We offer reduced-rate coaching sessions to individuals navigating financial transition. To ensure equitable access and responsible stewardship of our nonprofit resources, we ask that you complete this confidential form. Your responses help us understand your current circumstances and align support with integrity and care.

Client Information

- Full Name: _____
- Email Address: _____
- Phone Number: _____
- Preferred Contact Method: ☐ Email ☐ Phone ☐ Text

Brief Statement of Need

Please share a few sentences about your current financial situation and why you are requesting the Accessible Tier $60/session or applicable rate):

_____

_____

_____

_____

Household Income & Size

We align with federal poverty guidelines and Florida nonprofit standards to assess eligibility. Please provide the following:

- **Total Annual Household Income (before taxes):** $_____
- **Number of People in Household:** _____

Please check any that apply:

☐ I receive public assistance (e.g., SNAP, Medicaid, SSI, TANF)

☐ I am currently unemployed or underemployed

☐ I am experiencing housing instability or financial hardship

Note: We do not require documentation unless further clarification is needed. All responses are held in confidence.

Agreement & Integrity Statement

By signing below, you affirm that the information provided is accurate to the best of your knowledge. You understand that this form is used solely to determine eligibility for reduced-rate coaching and will be held in confidence.

- **Signature:** _____
- **Date:** _____

Our Commitment

This form is part of our mission to offer healing and empowerment with dignity. We trust your honesty and honor your courage in seeking support. If you have questions or need assistance completing this form, please contact steve@amindfultransformation.org.