



FINANCIAL ASSISTANCE APPROVAL & ACTIVATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INTERVIEW

NAME OF APPLICANT: _____

PHONE NUMBER: _____ DATE OF INTERVIEW: _____

All Applications:

Financial Assistance Guidelines Page Signed: Y N

Financial Assistance Application Signed: Y N

Renewal:

Required visits met: Y N

Notes in regards to existing accounts (balance, etc.): _____

Approval Information:

Membership Type: _____

Total Number Of: Adults _____ Youth _____ Seniors _____

Percentage Approval: _____%

Membership Dues: \$ _____ Joining Fee: \$ _____

Approval Time: _____

Zip Code: _____ Approving Staff: _____

8-Visit Reminder? Approval Time/Renewal Reminder?

REMAINING ITEMS

REQUIRED FOR ACTIVATION:

MEMBERSHIP ACTIVATION

UNIT ID: _____

Date Activated: _____

Activating Staff: _____

Collect Assistance Packet:

Termination Set:

Noted (Membership type, add-ons, percentage approved, termination date):

Alerted (to show the 15th of the month before they are due to terminate. Please tell member that Financial Assistance expires MM/DD/YY.

Please set up renewal appointment.

Financial Assistance Applied to: Primary Amount Add-Ons

Management Use: Financial Assistance Tracking Set to Term Alert Note Audited By: _____

