



Dear Friend:

We are so glad that you are here! Breanna's Ride is a non-profit, 501(c)(3) whose mission is to reduce suicide through prevention education and to assist and empower those in crisis. We all have something in our lives that is hard to get through. We know that some days, things seem impossible. Wherever you find yourself today, understand that it does not have to be permanent. We want you to know that there is HOPE.

The Board of Directors of Breanna's Ride recognizes that it takes courage to ask for help. And we want to do whatever we can to eliminate barriers and promote access to services. Financial assistance is made possible through fundraising efforts of our organization. We strive to assist as many applicants as possible each year.

Please take a moment to complete the attached application. We respect your right to privacy and confidentiality and the application is completely confidential. We will not share your information with anyone. We do not seek access to details related to treatment other than dates of service which is necessary to verify that funds were appropriately applied to your account. This requires permission from you and agreement from your provider. It is our desire to eliminate challenges and barriers to accessing service, so please let us know if verifying dates of service is a concern.

Breanna's Ride wants you to know that YOU have a purpose and you are LOVED.

Sincerely,

Breanna's Ride
Board of Directors

Breanna's Ride
Financial Assistance Application Form
breannasride@gmail.com
PO Box 66 Alanson, MI 49706

Request Date _____

Requesting party's name _____

If minor, guardian's name _____

City/Village _____ **Phone number** _____

Amount requested _____

Provider _____

Provider contact name and number _____

Address _____

Phone number _____

Reason for request _____

How will this assistance help you _____

If approved can Breanna's Ride follow up with you at a later date? Yes No

If yes, what is your preferred method of contact?

Phone _____

Email _____

Applicant:

I permit the above indicated provider to release dates of service as verification for payment of service.

Applicant signature

Date

Provider:

I agree to release dates of service for applicant as verification for payment of service.

Provider signature

Date

Breanna's Ride Use Only

Approved or Denied _____

Date _____

Approved or Denied By _____
