

**Farewell My Friend - The Olive Fund
Financial Assistance Application**

(This form cannot be edited - please send your responses via email, or print and return this page)

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Please Select:

- ☐ I am requesting to have the full appointment fee waived due to financial hardship.
- ☐ I am experiencing financial hardship and can pay a reduced appointment fee.

Do you currently receive: (Select all that apply)

- ☐ Snap Benefits
- ☐ Disability
- ☐ Heating Assistance
- ☐ SSI
- ☐ Unemployment
- ☐ Mainecare
- ☐ Subsidized Housing

Please Describe the Nature of Your Hardship:

Please note, not all pathway options are available through this assistance program.