

# The Sleeping Prince Foundation Inc.

## Counseling Financial Assistance Request Form



### Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Text

### Family & Support Status

Do you currently have children in the NICU or have you experienced infant loss (miscarriage, stillbirth, or SIDS)?

Yes  No  Prefer not to say

(Optional) Please share anything you'd like us to know about your situation:

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### Counseling Support Request

Have you previously received mental health services?

Yes  No

Do you have health insurance that covers counseling services?

Yes  No  Not Sure

Are you currently uninsured or underinsured for mental health care?

Uninsured  Underinsured  Other: \_\_\_\_\_

Requested Type of Support (Check all that apply):

Grief Counseling

Postpartum Mental Health Support

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Trauma Counseling (NICU-related)

Family or Couples Counseling

### Financial Need

Please briefly explain your financial need and why assistance is necessary at this time:

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Estimated Household Income (optional):

<\$25,000    \$25,000-\$50,000    \$50,000-\$75,000    \$75,000+

### Consent & Requirements

I certify that the information provided above is true and complete to the best of my knowledge.

I understand that submission does not guarantee assistance and that all information will remain confidential.

I have attached documentation of counseling fees or receipts for reimbursement consideration.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please email completed forms and attachments to:

sleepingprincefoundation@gmail.com

Questions? Contact us directly - we're here for you. <3