



PROJECT ACCESS NASHVILLE SPECIALTY CARE

28 White Bridge Road, Suite 400
Nashville, TN 37205
615-712-6237 office
615-712-6247 fax

Advocate/Hardship Form

Date: _____ **Referring Clinic:** _____

Applicant Name: _____ **Applicant DOB:** _____

Applicant Address: _____ **Applicant Zip:** _____

Verify Hardship: ___ Loss of Job ___ Divorce/ Separation ___ Death of Spouse ___ Health Related
Other: _____

Check the box for any that the Applicant received in the last year: Food Stamps Unemployment
 Payment for contract/temporary work Disability/Social Security Housing Assistant

<p>Advocate Name: _____ Advocate Phone: _____</p> <p>Relationship to Applicant: _____</p> <p>Advocate Employer or Source of Income: _____</p> <p>Option 1 I, _____, confirm that _____ does not live with me but is receiving assistance from me in the form of</p> <p>Cash in the amount of: _____/month Rent in the amount of: _____</p> <p>Food in the amount of: _____/month Utilities in the amount of: _____</p> <p>Option 2 I, _____, confirm that _____ does live with me, and I provide all financial support for housing, utilities, and food expenses.</p>

STATE OF TENNESSEE **Applicant's Signature:** _____

Signed and sworn before me this _____ day of _____, 2020.

[Notary Seal]

NOTARY PUBLIC My Commission expires _____.

STATE OF TENNESSEE **Advocate's Signature:** _____

Signed and sworn before me this _____ day of _____, 2020.

[Notary Seal]

NOTARY PUBLIC My Commission expires _____.