



Financial Assistance Application for Grief Therapy

Keep Moving Forward Foundation (KMFF) was founded to provide support for teens and young adults, from 14 to 25 years old, who've experienced the death of a parent.

Witnessing the trauma and consequences of parental loss for children in our community at various stages of development highlighted a critical need. It was clear that without adequate support and counseling, grieving children aren't equipped to handle emotional and mental stress that comes with bereavement.

Keep Moving Forward Foundation is committed to providing financial assistance to individuals with verified needs to access grief therapy. We are pleased to be partnering with Well Therapy. Well Therapy consists of a team of seven licensed mental health therapists who have varying specializations including, but not limited to, trauma informed care, grief services, and Eye Movement Desensitization Reprocessing.

By applying for financial assistance through this application process, you are requesting to receive financial assistance to cover **12** one-hour sessions spread over **a 90 - 120 day** time frame with a licensed mental health therapist from Well Therapy.

To learn more about Well Therapy, their providers, and the services they provide, please go to <https://welltherapy.com>.

Thank you for your interest in Keep Moving Forward Foundation and how we may be able to assist financially with grief therapy.

Submission Instructions

Please submit your completed application and supporting documents to:

Keep Moving Forward Foundation
4939 W. Ray Road, Suite 4-178
Chandler, AZ 85226-2099
or email to info@keepmovingff.org

For any questions or assistance in completing this application, please contact us at info@keepmovingff.org



Financial Assistance Application for Grief Therapy

Date: _____

Applicant Information

Full Name	
Date of Birth	
Address	
City, State, ZIP Code	

Requester Information (Self, Parent or Guardian)

Full Name	
Relation to Applicant	
Address	
City, State, ZIP Code	
Phone Number	
Email Address	
Marital Status	
Number of Dependents	
Annual Household Income	

Background Information

Please describe the current situation and the reasons you are seeking grief therapy for yourself, your teen / young adult. Attach additional pages if necessary.

How has grief impacted your life or your teen / young adult child's daily life and emotional well-being?

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What specific goals do you hope for yourself, your teen / young adult to achieve through grief therapy?

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Financial Need

Why are you seeking financial assistance for grief therapy?

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Please provide any additional information about your financial situation that would help us understand your need for assistance.

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Insurance Information

Do you have health insurance?	
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If yes, does it cover mental health services?	
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If no, please explain why.

Please Attach the Following Supporting Documents

- Proof of income (e.g., recent pay stubs, tax return)
- Any other relevant documents that support your application

Keep Moving Forward Foundation Confidentiality Assurance

We understand that the financial information you provide is highly sensitive. Please rest assured that all information submitted in this application will be held in the strictest confidence. It will not be shared with any third parties and will only be used internally to evaluate your eligibility and need for financial assistance. Your privacy is our utmost priority, and we are committed to safeguarding your personal and financial information.

Declaration and Signature

I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in the denial of my application for financial assistance.

Applicant's Signature: _____ Date: _____

Parent's Signature (if minor): _____ Date: _____