



MAIL/DROP OFF/FAX completed application to:
New Leaf Resources Attn: MDCAP Fund
2325 177th Street, Lansing IL 60438
Phone: 708-895-7310/Fax: 708-895-7602

MARTY DOOT CLIENT ASSISTANCE PROGRAM APPLICATION INFORMATION

New Leaf Resources is able to offer limited financial assistance from the Marty Doot Client Assistance Program (MDCAP) for clients who qualify due to the generosity of individuals, churches, and businesses that financially contribute to the fund.

We understand that clients who are grieving deep losses, experiencing debilitating depression, battling addictions, and working to save their marriages need services that New Leaf Resources can provide. We are pleased to provide financial assistance to qualified, low-income clients.

HOW DOES MDCAP WORK?

- In order to receive assistance, clients must fill out a MDCAP application. The applications may be submitted via mail attention MDCAP 2325 177th Street, Lansing, IL 60438 OR via fax to 708-895-7602.
- The Office Manager will review the application and will determine who will receive assistance.
- Not everyone who applies for help for MDCAP will receive it.
- If approved, the client will be responsible to pay a portion of the session cost based on income and expenses. The remainder of the cost will be picked up by MDCAP.
- There is a limit of 20 sessions per MDCAP client. After 20 sessions your therapist can petition for more, if needed.
- After your application has been reviewed, you will receive a call from the office staff with a determination.



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MARTY DOOT CLIENT ASSISTANCE PROGRAM APPLICATION

(PLEASE NOTE: Filling out this application is not a guarantee of financial assistance.)

PERSONAL INFORMATION

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Employer: _____

Health Insurance Carrier: _____

Type of Insurance: HMO or PPO (circle one)

How did you hear about New Leaf Resources? _____

INCOME/EXPENSE STATEMENT

Total Net Monthly Household Income: \$ _____

Total Monthly Household Fixed Expenses: \$ _____

Number of Family Members in the Household: _____