

Financial Assistance Application

Submit completed application to:

YES Kids
3814 Parkhill Dr.
Billings, MT 59102

Or e-mail to: info@yeskids-mt.com

**INDIVIDUAL APPLICATIONS MUST BE SUBMITTED FOR EACH FAMILY MEMBER.
ALL APPLICATIONS MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO START OF PROGRAM.
APPLICATIONS ARE AWARDED BASED ON THE ORDER IN WHICH THEY ARE RECEIVED.**

APPLICANT & FAMILY INFORMATION

Applicant Name: _____ Date of Birth _____

Chromosomal Disorder _____ Date of Diagnosis _____

Parent or Legal Guardian Name: _____

Address: _____

City/State/Zip: _____

Phones: (Home) _____ (Work) _____ (Cell) _____

Do you receive services from STEP RSS AWARE BTI COR Other _____

Total number of family members in household 18 years old or younger _____

Total number of family members in household over the age of 18 _____

PARTICIPANT INFORMATION

Please tell us about your child and why you are applying for financial assistance:

Please tell us how you believe they will benefit from this service or program:

SERVICE OR PROGRAM INFORMATION

Service/Program _____ Organization _____

Service/Program Dates _____ Service/Program Cost (to applicant) _____

Service/Program Contact Person (if applicable) _____ Phone number _____

CERTIFICATION AND RELEASE OF INFORMATION

I / WE CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY / OUR KNOWLEDGE. I / WE UNDERSTAND THAT FALSE OR MISLEADING INFORMATION MAY BE GROUNDS FOR REJECTION OF MY / OUR APPLICATION. I / WE AUTHORIZE YES KIDS TO RESEARCH THE VALIDITY OF THE INFORMATION PROVIDED.

FURTHERMORE, I / WE UNDERSTAND THAT THE APPLICATION DOES NOT GUARANTEE THAT I / WE WILL RECEIVE A FINANCIAL ASSISTANCE THROUGH YES KIDS. I / WE UNDERSTAND THAT IF AWARDED ASSITANCE ALL MONEY MAY BE SENT DIRECTLY TO THE ORGANIZATION PROVIDING THE SERVICES AND WILL NOT BE AVAILABLE TO ME/US FOR REFUND OR REIMBURSEMENT.

ALSO, I/WE RELEASE YES KIDS FROM ANY HARM OR NEGATIVE CONSEQUESCES RESULTING FROM PARTICIPATION IN THE ACTIVITY THE ASSISTANCE IS GIVEN FOR. I/WE UNDERSTAND THAT YES KIDS HAS NO CONTROL OR DIRECT INVOLVMENT WITH THE ORGANIZATIONS THAT PROVIDE THESE SERVICES AND OR PROGRAMS.

SIGN BELOW TO AGREE WITH THE ABOVE STATEMENT:

(Participant)

(Parent/Legal Guardian if under 18)

(Date)

(Date)

ALL APPLICATIONS MUST BE SIGNED AND DATED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

For office use only:

Financial Assistance Application complete Application sent to committee on _____

Assistance Awarded Declined
(Reason) _____

Outcome letter mailed to applicant Information filed