

Charity Aid Application

Return to : Illuminations Center for Dyslexia
302 17th St.
Meridian, MS 39301
For Assistance, Call (601) 484-7430



Fees based on income.

Illuminations will offer the charity aid from our grant sources to all eligible patients based on annual household income for most of our services. Income guidelines and acceptable verification for the charity aid are as listed below. You may qualify for assistance with all or part of your bill. The help is based on a sliding scale that considers your yearly income and family size.

If you have any additional questions, feel free to contact Leta Palmiter, Executive Director at 601-484-7430.

How do I qualify?

If you wish to qualify for the charity aid, you **MUST** show proof of gross annual income for all immediate family members living in your household. Gross income is **ALL** income from **ALL** sources before taxes. Applicants should provide a copy of either two consecutive pay stubs, or the previous year's income tax return or W-2 form.

Acceptable Income Verification

- Recent Federal tax return including W-2 or 1099
- (2) Current paystubs
- 3 months bank statements with annotations for proof of income and expenses

How do I get started?

Please fill this form out completely and return all required documentation to the Illuminations Office. Financial assistance will not be awarded to those who do not complete the application process; including the requirement for the patient to commit to the contract terms for service. All charity aid applications will be reviewed by the board of directors at the next scheduled meeting. If approved, aid will be retroactive to date of application. If not approved, full charges accumulated will be the responsibility of the patient.

Renewal of Aid

For families that previously applied and were granted aid through FAST, the new application must be filled out in its entirety. For future aid, new tax returns must be submitted each year.

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Student:		DOB:		Age:	
Address:		Grade:		School:	
Parent (1):		Phone:		Email:	
Parent (2):		Phone:		Email:	
Date of application:			Therapist:		

How long have you lived at your current address? _____

List any other addresses from past 5 years:

Address	City, State, Zip	From (month/year)	To (month/year)

We ask patients who apply for financial assistance to look for other funding also. Please check "yes" or "no".

Does your employer offer Health Savings/Flex Spending Account? ___ Yes ___ No If yes, list balance: _____
 Do you have an education IRA or College Savings Plan? ___ Yes ___ No If yes, list balance: _____
 Do you have a home church that could help with cost? ___ Yes ___ No If yes, where?: _____
 Do you have family members that would help pay part of the therapy expenses? ___ Yes ___ No

Parent 1: _____

Social Security Number: _____ *Birth date:* _____

Employer Name: _____ How long have you been employed with them? _____

Employer Address: _____ Supervisor Name: _____ Phone: _____

Number of people in my household: _____ (Do you live in household with parent 2? Yes/No)

Parent 2: _____

Social Security Number: _____ *Birth date:* _____

Employer Name: _____ How long have you been employed with them? _____

Employer Address: _____ Supervisor Name: _____ Phone: _____

Number of people in my household: _____ (if separate household from parent 1)

Amount we are able to commit to therapy expenses each month: _____

Please Submit copy of current federal tax return with all schedules, including W-2's and complete household income verification table on next page.

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Household Monthly Income

If you are unable to provide copies of the verified information; please provide 3 months bank statements with an explanation on the back of this form.				
TYPE	Parent 1 amount	Parent 2 amount	Type of Income verification required.	
Employment income (gross)	\$	\$	<input type="checkbox"/>	Provide paycheck stubs for last 2 pay periods or 3 months bank statements
Self-employment income (gross)	\$	\$	<input type="checkbox"/>	Provide 3 months bank statements
Pension, retirement, social security income	\$	\$	<input type="checkbox"/>	Provide you Pension/retirement statement, or Social Security Award Letter
Unemployment, disability, etc.	\$	\$	<input type="checkbox"/>	Provide Unemployment or disability award letter, or 3 months bank statements
Child Support, Alimony	\$	\$	<input type="checkbox"/>	Provide a copy of divorce decree, legal separation notice, or custody agreement.
Total (Use for Summary)	\$	\$		

Monthly Expenses

TYPE	Parent 1	Parent 2	Notes: Please explain any excess expenses that interfere with your ability to pay. You may attach a separate sheet if more space is needed.
Housing	\$	\$	
Utilities: power/water	\$	\$	
Phone Bills/Cable	\$	\$	
Medical Bills	\$	\$	
Vehicle Loans	\$	\$	
Insurance Cost	\$	\$	
Other	\$	\$	
Total (Use for Summary)			

Assets

TYPE	Parent 1	Parent 2	Financial Institutions
Cash	\$	\$	
Savings Accounts	\$	\$	
Checking Accounts	\$	\$	
Stocks/Bonds	\$	\$	
401K/IRA	\$	\$	
Total (Use for Summary)			

SUMMARY	Parent 1	Parent 2	
A) Monthly Income Total	\$	\$	
B) Monthly Expenses Total	\$	\$	
Available Income (A-B)	\$	\$	
Additional Assets Total	\$	\$	

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Please describe your financial needs for the board. Include any situation we should be informed of in order to understand your inability to pay your therapy bill. State the need for therapy for your child including any other services you have participated in. Be as specific as possible. This is your personal statement of need and will be used to apply for grants to support the scholarship fund.

I hereby state that the information given herein is true and correct. I authorize any required verification, including a credit bureau report if needed. I understand that if this information is determined to be false or deceptive, I will be liable for payment of charges for all services rendered. I understand that this request for financial assistance will be kept confidential, but will be reviewed by the board of directors of Illuminations Center for Dyslexia to determine amount of aid.

Responsible Party Signature: _____ **Date:** _____

- Checklist of all required information to complete application process:**
- Form filled out in its entirety.
 - Copies of current federal tax return with all schedules including W-2's.
 - Household income verification (Paystubs, bank statements, award letters).