



## FINANCIAL ASSISTANCE APPLICATION

Date: \_\_\_\_\_

Service(s) Requested: \_\_\_\_\_

\_\_\_\_\_ Early Education

\_\_\_\_\_ Supplemental

\_\_\_\_\_ Educational

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ (cell)                      (    ) \_\_\_\_\_ (home)

(    ) \_\_\_\_\_ (work)                      (    ) \_\_\_\_\_ (other)

Place of Employment \_\_\_\_\_ Length of Employment \_\_\_\_\_

If unemployed, why? \_\_\_\_\_

School District: \_\_\_\_\_ School Attending: \_\_\_\_\_

What type of insurance does the parent/guardian have? \_\_\_\_\_

What type of insurance does child have? \_\_\_\_\_

Does the parent/guardian receive child support? \_\_\_\_\_ Other assistance? \_\_\_\_\_

What financial assistance does the parent/guardian receive from the government? \_\_\_\_\_

What financial assistance does the child receive from the government? \_\_\_\_\_

Does the child receive SSI (Social Security Supplemental Income)? \_\_\_\_\_

**POST & CURRENT SERVICES:**

TYPE	LENGTH OF SERVICE	PROVIDER	COST
Special Education			
Occupational Therapy			
Physical Therapy			
Speech Therapy			
Tutoring			
Counseling			
Other			

I hereby affirm that the information provided is accurate and complete to the best of my knowledge. I grant Turtle Wing permission to verify the above information. I understand that if my family receives any financial assistance from Turtle Wing Foundation, I agree to be contacted by Turtle Wing and meet any requirements of the Foundation. Turtle Wing Foundation has the right to revoke financial assistance at any time for any reason. Cost shares are expected to be paid in a timely manner.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_