NEED BASED GRANT FOR CHILD & YOUTH SERVICES

The Peace Valley Holistic Center (PVHC) is a 501c3 charitable, non-profit organization whose purpose is to help families of children with special needs get the care and skills needed to handle life's daily challenges. Accordingly, we are an integrative center combining traditional and holistic therapies, as well as education for parents and children with special needs, with an emphasis on Autism.

The Peace Valley Holistic Center Executive Board of Directors feels strongly that the PVHC is here for everyone. A need based grant is not a handout, it is a helping hand. Parents that can afford the quality services of PVHC for their child, expect to pay a fee for services rendered, because they value these services and have a sense of personal responsibility.

  In times of need, the PVHC Financial Assistance Grant continues this responsibility in a partnership of assistance. Each participant will pay a portion of the fee(s), based upon a sliding scale and the specific needs of the individual and/or family. This need based Grant is for child and youth services only, and will be awarded on the basis of financial need, subject to the availability of funds. The PVHC reserves the right to refuse a Grant/financial assistance to any applicant. A need based Grant/financial assistance is a temporary agreement extending financial assistance in a time of need. As the need decreases, it is expected that your share of payment will increase accordingly. Assistance will be granted for a specific time period. If assistance is still required after this period of time, another financial assistance form will need to be completed.

APPLICATION PROCESS / GUIDELINES

• Submit the application to Donnamarie Davis, Esq. fax to 215-675-5836, or

Mail to:

> The Peace Valley Holistic Center
>
> Attn: Financial Assistance for Child/Youth Services
>
> 224 Old Limekiln Road
>
> Chalfont, PA 18914

• Allow at least 2 weeks for processing.

• You will receive an email, or letter by mail notifying you of the status of your application.

CHILD & YOUTH FINANCIAL ASSISTANCE APPLICATION

ALL PERSONAL INFORMATION WILL BE HELD IN CONFIDENCE

APPLICANT INFORMATION – Please print legibly. Complete this application in full. Blank areas will delay processing.

Person requesting assistance (if minor, use Parent or Guardian's name):

Name: _____ Age: _____ Birth Date: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Email (**REQUIRED** - our primary source of contact): _____

Daytime number in which to contact you or can leave message: _____

List the child or children who currently live with you, for whom you are requesting a Grant, and the Program, therapy/therapies you are requesting for each child. Assistance is reviewed per Program needed per child/youth per the number of sessions needed in the Program, on a case by case basis. Grant Requests MUST be received PRIOR to session(s).

Name_____ Age_____ Birth Date_____

Diagnosis_____

Program/Therapy_____

Program/Therapy_____

Program/Therapy_____

Name_____ Age_____ Birth Date_____

Diagnosis_____

Program/Therapy_____

Program/Therapy_____

Program/Therapy_____

Reason for requesting financial assistance: _____

_____

_____

_____

List all sources of MONTHLY income: List all major MONTHLY expenses:

Gross Wages/Salary_____ Rent or Mortgage _____

Child Support/Alimony _____ Child Support/Alimony _____

Disability/Social Security_____

Medical Bills (not including insurance or co-pays) _____

Unemployment Comp _____

Other _____

Other _____

GROSS Monthly Income $_____Total Monthly Expenses $_____

<u>Support documentation of all sources of income is required before assistance will be considered:</u>

ATTACH TWO, MOST RECENT AND CONSECTUTIVE PAYSTUBS

ATTACH CURRENT FEDERAL INCOME TAX RETURN (Form 1040 with Schedules if applicable)

ATTACH UNEMPLOYMENT, SOCIAL SECURITY, OR DISABILITY STATEMENT (if applicable)

ATTACH CHILD SUPPORT/ALIMONY DOCUMENTATION (if applicable)

I certify that the information on this application is true and complete to the best of my knowledge. I understand that any fraudulent information will disqualify my application for consideration.

_____   _____

Applicant Signature   Date of Application