



Pathways to Independence

Financial Assistance Application Form

Mail, fax, or email to:
 Executive Director
 Pathways to Independence
 200 S. Hanley; Suite 103
 Clayton, MO 63105
 Fax: 314-863-7865
 Email billing: sheena@ptistl.org

Thanks to annual fundraising, Pathways to Independence (PTI) offers limited financial assistance to those who otherwise could not participate in programs. Financial assistance will be offered based upon need and the availability of funds. To be considered for financial assistance, participants must provide additional supporting documentation such as total household income and expenses of the participant and primary supporting family member(s), to evaluate financial need.

Proof of income may be furnished by the following:

- * LATEST FEDERAL TAX RETURN (if applicable)
- * LETTER FROM GOVERNMENT AGENCY Form 4506T (if taxes were not filed)

It is the policy of PTI to provide services for any person who meets the eligibility criteria and desires to participate. Those not able to pay the full fee may apply for assistance. Financial assistance will be offered based upon need and the availability of funds. Funds for financial assistance will come through restricted contributions for this purpose or Board designated funds. Both subjective and objective criteria are factored into assistance decisions when available. PTI believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their involvement. **Thus, all eligible recipients will be asked to pay a portion of the membership/program fees.**

The Scholarship will apply to up to 36 interactions/events from Social Focus, Social Growth or Social College between July 1, 2017 and June 30, 2018. This averages out to 3 interactions/events per month and the annual total will be pro-rated depending on the start date of the scholarship.

One interaction/event is defined as:

- One Social Focus 1:1 training (limited availability and is primarily for the purpose of planning a small group activity. For all other 1:1 supports, please see the GAP Services fee schedule) or
- One Social Focus small group event (1:4) or
- One Social Growth event or
- Two Social College classes (a course consists of 4 classes)

To be considered for financial assistance, please complete the following form to the best of your ability.

Participant's Name: _____ **Date:** _____

Address: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

Does Participant currently have a job? YES NO

If yes, place of employment? _____ **If no, how long without employment?** _____

Living Arrangements: (Please Circle) **Own Home** **Rent** **Live with Relatives** **Other:** _____

How many adults live in the household? _____ **Single-Parent household?** YES
 NO

How many other children live in household? _____ **Please List Age(s):** _____

Financial Assistance Application Form (continued)

Primary financially supporting family member(s)

Name: _____ Email: _____

Address: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Does primary financially supporting family member(s) currently have a job? ____ YES ____ NO

If yes, place(s) of employment? _____ If no, how long without employment? _____

Living Arrangements: (Please Circle) Own Home Rent Live with Relatives Other: _____

How many adults live in the household? _____ Single-Parent household? ____ YES ____ NO

How many other children live in household? _____ Please List Age(s): _____

Current TOTAL COMBINED HOUSEHOLD INCOME including but not limited to wages, salaries & tips, unemployment compensation, Social Security compensation, child support, alimony, investment income, rental property income, retirement income, housing subsidy or other sources:

*Total household income of both participant and supporting family member(s): \$ _____

TOTAL COMBINED HOUSEHOLD EXPENSES including, but not limited to housing, transportation, education, medical, alimony, child support or other major monthly expense:

*Total household expenses of both participant and supporting family member(s): \$ _____

Information obtained as a result of this application process must be kept confidential and shall not be shared with anyone without a need to know. All information may not be shared outside of PTI committee members.

Please note: You are asked to provide additional supporting documentation, such as proof of total household income, to evaluate financial need. Please provide information for both the participant and any supporting parent(s).

Proof of income may be furnished by the following:

** LATEST FEDERAL TAX RETURN (if applicable)*

** LETTER FROM GOVERNMENT AGENCY Form 4506T (if taxes were not filed).*

Financial Assistance Application Form (continued)

1. **Please explain why you would like to be considered for financial assistance (Include any unusual or extraordinary circumstances that warrant consideration.)** If your case manager has information that should be considered in this request, please include a letter outlining special circumstances which contribute to need. PTI may request additional financial information as it relates to information in the request. You may attach an additional page to explain if necessary.

Applications are processed in the order received and scholarships are awarded on a first come, first served basis based on financial need and availability of funds. Scholarship applications are good for one fiscal year (July 1-June 30).

Applications must be completed in full. A response will be given to you within two weeks of PTI receiving the application.

PTI reserves the right to collect outstanding balances prior to considering assistance. Falsification of any information submitted for consideration of financial assistance will result in the immediate annulment of any granted assistance.

Upon completing this application and signing it I certify that the information supplied therein is true, accurate and complete to the best of my knowledge and I have read, understand and agree with PTI's Financial Assistance policies.

Applicant's Signature: _____ **Date:** _____

Office use only:

Appraisal conducted by: _____ **Date:** _____

Comments: _____

Amount of assistance granted: _____