



Financial Assistance Application

Date of Application: _____ Referred by: _____

Child's Name: _____ [please attach a recent photo of the child]

Date of Birth: _____ Age: _____ (must be under 18 years old)

What grade is your child in (preschool, K-12)? _____

Name of Child's School and School District: _____

Name of Responsible Party and Relationship to Child: _____

Address: _____

Phone: _____ (circle type: cell home work)

Email Address: _____

Funding is being requested for:

- | | |
|------------------------------|--|
| _____ Hearing Aids | _____ Auditory-Verbal Therapy/Speech Therapy |
| _____ Cochlear Implants/Baja | _____ Education |
| _____ Ear molds | _____ Other Technology |
| _____ Audiological Services | _____ Other: _____ |

Amount of Funding Requested: \$ _____

Service Provider (name/address/phone #): _____

Applicants must have a child who has a mild or greater hearing loss that requires intervention and must possess a family commitment to intervention, rehabilitation, and necessary follow-up services, which is especially important for a child as they grow.

Do you have medical insurance? _____ (yes or no). If yes, please complete the following:

Primary Insurance: Insurance Company Name: _____
Subscriber Name: _____
Subscriber ID: _____
Group or Policy: _____
Subscriber's Date of Birth: _____
Relationship to Patient: _____

Secondary Insurance: Insurance Company Name: _____
Subscriber Name: _____
Subscriber ID: _____
Group or Policy: _____
Subscriber's Date of Birth: _____
Relationship to Patient: _____

How much is your yearly deductible? _____ How much of this deductible have you paid already this year? _____

Please attach a copy of your income tax return for the past year indicating your adjusted gross income (**you may black out your social security number on the tax return and on your W-2**). The completed application must be processed and approved prior to the assignment of financial assistance.

1. Annual adjusted gross income: Last Tax Return \$_____ Prior Year \$_____

2. Current income earned from employment:

Parent/Guardian (1) Occupation _____ \$_____ per Hour or Year

Parent/Guardian (2) Occupation _____ \$_____ per Hour or Year

If unemployed, monthly unemployment compensation amount \$_____

How long have you been unemployed? _____

How long are you eligible for unemployment compensation? _____

3. Other Assets: Businesses, Cash, Savings, Stocks, Bonds, CD's, Second Home, Recreational Vehicles, etc. excluding retirement funds, i.e. IRA

\$ _____
\$ _____
\$ _____
\$ _____

4. Other Income: Please specify source _____ \$ _____
_____ \$ _____

5. Total Number in Household: _____

List all people living in the home with applicant:

_____ Relationship _____
_____ Relationship _____
_____ Relationship _____
_____ Relationship _____

Parent's Marital Status: ___Single ___ Married ___ Separated ___ Divorced ___ Widowed

6. Home: _____ Own (Mortgage Payment \$ _____/mo. Taxes & Insurance \$ _____)
_____ Rent (Monthly Payment \$ _____ Paid to: _____)
Utilities per month: \$ _____

7. Please describe any unusual or specific hardship circumstances that may exist:

Certification: I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of Children's Voice of North Texas, I (we) agree to give documentation for any information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid. I (we) hereby authorize Children's Voice of North Texas to investigate the references herein listed or statements of other data obtained from me (us) or from any other person pertaining to my (our) credit and financial responsibility. I (we) understand that if I (we) am/are approved for aid, I (we) may be required to provide explanation of benefits from our insurance carrier for our appointments. I (we) am/are legal residents of the United States and reside in the State of Texas.

Applicant's Signature: _____ Date: _____