



Application for Financial Assistance
Completion of this application does not guarantee financial assistance

Please check services requested:

Speech: _____
Occupational Therapy: _____
Physical Therapy: _____
Audiology: _____

Please print clearly

Today's Date: _____

CLIENT INFORMATION

| | |
|----------------------|------|
| Client Name: | DOB: |
| Address: | |
| County of Residence: | |

| | |
|--|--|
| Primary Phone #: | Alternate Phone #: |
| Is client over the age of 18? _____ Yes _____ No | If client is under 18, who is the parent/guardian? |

| | |
|----------------|--------------------|
| Employer: | Spouse's Employer: |
| Occupation: | Occupation: |
| Annual Salary: | Annual Salary: |

Please provide the names and ages of ALL residents that currently reside with the client:

| NAME | AGE |
|------|-----|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

INSURANCE INFORMATION

| | |
|---|---|
| Insurance Company Name: | |
| ID#: | Policy/Group #: |
| Medicare Coverage? _____ Yes _____ No If yes, #: _____ | Medicaid Coverage? _____ Yes _____ No If yes, #: _____ |

FINANCIAL INFORMATION

Financial Data If you do not complete this section fully or fail to submit the requested documents your request for financial assistance will not be considered

- Please complete the following providing estimates of the approximate current value of your assets.
- Please include information for yourself and residents of the home
- You must submit a copy of your most recent Federal Income Tax Return and a copy of your most recent bank statements.
- Additional substantiating documentation (SS Letters, etc.) should also be submitted.

| ASSETS | Value of Asset |
|--|-----------------------|
| Residence | \$ |
| Other real estate (note location) | \$ |
| Other real estate (note location) | \$ |
| Checking Account (primary) | \$ |
| Checking Account (secondary) | \$ |
| Savings Account (primary) | \$ |
| Savings Account (secondary) | \$ |
| Money Market Accounts | \$ |
| Certificates of Deposit | \$ |
| Notes Receivables (Debt owed to you) | \$ |
| Stock Options | \$ |
| Stocks, Bonds and Mutual Funds (not IRA or 401K plans) | \$ |
| Business Interests | \$ |
| Automobiles | \$ |
| Personal Effects | \$ |
| Household Goods | \$ |
| Other/Misc | \$ |
| TOTAL ASSETS | \$ |

| LIABILITIES | \$ |
|---|-----------|
| Home Mortgage | \$ |
| Home Equity Loan | \$ |
| Other Real Estate Mortgage(s) | \$ |
| Other Loans/Debts: (please provide details) | \$ |
| Other Loans/Debts: | \$ |
| Other Loans/Debts: | \$ |
| Other Loans/Debts: | \$ |
| TOTAL LIABILITIES | \$ |

| PENSION PLANS (e.g. IRAs, 401k, Profit Sharing, Pension Plans, Etc.) | |
|---|---------------|
| Description of Plan | Current Value |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Please provide information on any and all income the family receives (include salaries, part-time jobs, rental income, spousal support, etc.):

| TYPE OF INCOME | AMOUNT |
|----------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |

To help us understand your financial situation, please list monthly/annual household expenses:

| EXPENSE DESCRIPTION | AMOUNT |
|---------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |

To expedite your financial aid request, please provide verifying documents for any of the income or expenses listed above.

Is there any additional information you would like to share with us before we consider your request for financial aid?

- Please note that submission of this financial aid request does not guarantee funds.
- Please note that most clients that are granted financial assistance are asked to pay for a percentage of their visits, treatment, hearing devices, etc. Failure to do so will make you ineligible to receive funds from Blue Ridge in the future.
- If you are granted financial assistance you will be required to comply with Blue Ridge Speech & Hearing Center's policies and will be expected to show up for all scheduled appointments, including follow-up visits, maintenance/repair visits, etc. Failure to do so will make you ineligible to receive funds from Blue Ridge in the future.

Your signature below indicates that you have completed this application as accurately and completely as possible and provided all information requested to the best of your knowledge.

Client Name: _____

Date: _____

Signature of Client, or Parent/Guardian if under the age of 18

Please return your completed application and complete copy of your most recent Federal Income Tax Return and other requested documentation to:

Blue Ridge Speech & Hearing Center
19465 Deerfield Avenue Suite 201
Lansdowne, Virginia 20176

