

# SLIDING FEE APPLICATION

PHONE NUMBERS (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## LIST ALL PEOPLE IN YOUR HOUSEHOLD:

NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP
NAME	DOB	RELATIONSHIP

## EMPLOYMENT:

Are you currently employed? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Length of time at current employer \_\_\_\_\_

## Income:

Monthly Gross Income:  
You \_\_\_\_\_ Spouse/Other Adult(s) \_\_\_\_\_

Other Income (Spousal/Child Support) \_\_\_\_\_

List any federal or state aid, food stamps, medical aid, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Presently enrolled in school? (Full-time) \_\_\_\_\_ (Part-time) \_\_\_\_\_  
Receiving financial aid? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

## GENERAL:

Please share your reason for seeking financial assistance.  
\_\_\_\_\_  
\_\_\_\_\_

What can you afford to pay towards childcare? \_\_\_\_\_

Would you be willing to volunteer your services? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Areas of interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_