# APPLICATION FOR FINANCIAL ASSISTANCE
## Healthy and Fit Kids and Families

Tell us who you are:

Parent or Guardian Name:_____

Child's Name: _____ Age:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____DOB:_____

Number of people in your household:_____

Income (after taxes):

Wages: $ _____ / month

Social Security: $ _____ / month

Disability: $ _____ / month

Rental Income: $ _____ (yearly ÷ 12)

Comments: Please share any other information that would substantiate your eligibility.

_____

_____

_____

_____

Patient or Guardian Signature: _____ Date:_____

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**Office Use Only:**

Date Application Received _____Initials _____

Approval _____ Date _____ Initials _____

Comments: _____