

Gio's Garden

2019 Financial Assistance Form

** Gio's Garden will contact families with decision of financial assistance within 2 weeks of receiving completed application. If your financial situation changes, it is your responsibility to inform Gio's Garden.**

Child(ren) Name(s): _____ Date: _____

Parent's Name: _____ Phone: (_____) _____

Parent's Email: _____

Gio's Garden strives to make all services affordable to all families. **Please fill out the information below and Gio's Garden staff will contact you with your reduced rate based on financial need.** We also take into consideration the extraordinary costs of care of individuals with disabilities. We have a limited amount of financial assistance and will try to help as many families as possible.

Please return the following items to Gio's Garden.

- _____ Gio's Garden Financial Assistance Form (this form)
- _____ Current Pay Stubs for all Guardians
- _____ Last Filed Tax information (either last year's 1040 form or tax summary)

of people in Household: _____ Net Household Monthly Income: _____

Number of Children in Household: _____ Number of children with disabilities: _____

Please include any information about special circumstances that are important for us to consider when looking at your application (i.e. elderly parent you care for/ lives with you, job situation has changed since the tax form you are including, cancer or sickness that affects your income, divorce or family change, etc.). Please attach an additional page if needed.

In regards to the Children's Long Term Support (CLTS) Waiver funds, is your child:

(please specify for each child)

_____ Currently receiving funds _____ On the wait list for funds _____ Does not qualify to receive funds

*If your family is able to pay using waiver funds, we ask that you do so that other families that do not have access to county funds are able to use financial assistance for Gio's Garden Services. If your family is currently on the waiting list, when you receive funds in the future, please contact Gio's Garden to update your payment information.

Office Use Only

Date Received: _____ Financial Assistance: _____ Approved by: _____

Date family was notified: _____ Notified: In person Email Phone

NOTES: