

Valley Behavioral Health  
 Carmen B. Pingree Autism Center of Learning  
 2016-2017 School Year  
 Application for Placement and Financial Assistance Application

Please be sure to initial that all of the following are included *prior* to submitting the application:

1. \_\_\_\_\_ That this form is completed in its entirety
2. \_\_\_\_\_ To attach a **copy** of your most recently filed federal tax return
3. \_\_\_\_\_ To attach **copies** of payroll check stubs for the previous three months
4. \_\_\_\_\_ To provide an explanation of special circumstances for your family that may not be reflected in the above information
5. \_\_\_\_\_ That signatures are completed in all areas

Student Name:	Student's Date of Birth:
<b>Student's grade for 2015-2016:</b>	Current Grade, School, and District:
1. Parent/Guardian Name:	2. Parent/Guardian Name:
Home Address:	Home Address:
City, Zip:	City, Zip:
Marital Status:	Marital Status:
Employer:	Employer:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
How many dependents do you have?	How many dependents do you have?

Please answer the following questions. Circle when necessary.		
* Has your child previously been approved by the Utah State Office of Education to Receive Carson Smith Special Needs Scholarship Funds?	YES	NO
If NO, are you planning on applying for the Carson Smith Special Needs Scholarship Funds	YES	NO
* Will you/your family be applying for this tuition reduction for more than one year?	YES	NO

*Is your child currently on Medicaid	YES	NO
If No, have you previously applied for Medicaid	YES	NO
*Do you have any other sources (family, clergy, church) that may be willing to assist in the tuition payment.	YES	NO
If yes, how much do you feel they could contribute yr/monthly? _____		
* Have you ever filed for bankruptcy? If yes, please list the year(s)	YES	NO
*How much do you feel you are able to pay each month?	\$	_____

Have you ever filed for bankruptcy?   \_\_\_\_\_yes   \_\_\_\_\_no   Year: 19\_\_\_\_ 20\_\_\_\_

I/we agree to pay a full tuition for the 2016-2017 school year, if my/our child is accepted into the VBH Carmen B. Pingree Center Autism Center of Learning. I/we additionally agree to provide the listed information above at the time of application. Furthermore, I/we authorize any required verification, including a credit bureau report.

**I/we understand that if this information is determined to be false or deceptive, such a determination will result in denial of services and I/we will be liable for payment of charges for services rendered. I/we understand that some services provided may qualify for health insurance reimbursement and will be billed to my/our insurance plan. I/we further understand that the reimbursement received will be deducted from my obligation.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and attach to Form A -OR- Form B

Specific MONTHLY Income Information		
	1 Parent/Guardian	2 Parent/Guardian
Wages (before deductions)		
Pensions		
Social Security Income		
Alimony/Child Support		
Dividends/Interest/Insurance		
Rental Income		
Estates and Trusts Income		
Public Assistance/Welfare		
Workers Compensation/ Disability		
Food Stamps		

Other		
Total:		

**ASSETS**

Cash/Checking	\$	Investments	\$
Savings	\$	Stocks/Bonds	\$
Other	\$		

Are there any extenuating circumstances that should be taken into account in determining potential financial assistance? You may attach an additional letter if you would like.

**Application Agreement**

I hereby state that the information given herein is true and complete. I authorize any required verification, including a credit bureau report. I understand that if this information is determined to be false or deceptive, such a determination will result in denial of uncompensated services and I will be liable of payment of charges for all services rendered.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date