THE NATIONAL CENTER FOR EQUINE FACILITATED THERAPY

880 Runnymede Road, Woodside, CA 94062 (650) 851-2271 / fax (650) 851-3480

Financial Aid Application

Financial assistance is available for those who qualify. Our goal in offering financial assistance is to be able to extend care to those who otherwise would not be able to access it due to lack of financial resources. Applications for financial aid are reviewed and approved by the Administrative Team and the Executive Director and will be requested on a yearly basis. We review each application using HUD standards for county of residence and may ask for additional information as needed. **Please submit your Financial Aid application form and the required documents directly to the Administrative team (located at the main office) by email to admin@nceft.org , fax (650) 851-3480 or mailed with attention to Administrative Manager (address above).** The rest of your packet may be returned to your screening therapist/adaptive riding instructor.

In order to be able to evaluate individual situations, NCEFT requires the following information and may ask for additional information if needed.

Patient/Client Name: _____ Date of Birth:_____

Email of Patient/Client/Guardian: _____

Please indicate the total annual gross family income from *all sources*: _____

Please list all household members below:

Name:	**Relationship to client:**	**Age (if Under 18):**	**Yearly Gross Income (if applicable):**

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Please attach the any forms/official documentation indicated below to support the income stated prior:

1. **Pages 1 and 2 of your most recent federal income tax return (first 2 pages of form 1040) for all adults in the household.**

2. **Other Government Assistance, Spousal/child Support Income, SSI Income, or Unemployment Income of any kind, please attach any and all supporting documentation or letters of benefits verification.**

By signing below you warrant the information on this form and the attached tax return document to be true and correct, under penalty of perjury. NCEFT has the right to collect any monies for any services, paid on behalf of the above named, should it be found those services were obtained under false information or pretenses.

Signature of Patient/Legal Guardian: _____ ***Date:*** _____