



APPLICATION FOR GRANT FOR DIANE'S HOUSE SERVICES

Any patient of Diane's House at Nature's Edge Therapy Center who feels that their financial situation makes it a hardship to pay the full cost of their treatment may apply for a grant. Determinations of eligibility will be based solely on the information provided in this application.

Please be thorough, as incomplete information may delay your application. Please submit your completed application to Diane's House at Nature's Edge Therapy Center.

Applicant's First Name: _____ Last Name: _____
 Home Address Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell: _____

Employer: _____ Monthly Gross Income: \$ _____

Spouse's First Name: _____ Spouse's Last Name: _____

Spouse's Employer: _____ Monthly Gross Income: \$ _____

Names and ages of all dependents listed on your most recent federal income tax return:

Name: _____	Age: _____	School/Employer: _____
Name: _____	Age: _____	School/Employer: _____
Name: _____	Age: _____	School/Employer: _____
Name: _____	Age: _____	School/Employer: _____
Name: _____	Age: _____	School/Employer: _____

Other income:

- | | | |
|--|----------------|---------------------------|
| 1. Are you receiving Aid for Dependent Children (e.g., Wisconsin Works, MFIP)? | ___ No ___ Yes | Amount per month \$ _____ |
| 2. Are you receiving Food Stamps (e.g., FoodShare Wisconsin, SNAP)? | ___ No ___ Yes | Amount per month \$ _____ |
| 3. Are you receiving Social Security Benefits? | ___ No ___ Yes | Amount per month \$ _____ |
| 4. Are you receiving Veterans' Benefits? | ___ No ___ Yes | Amount per month \$ _____ |
| 5. Are you receiving Child Support? | ___ No ___ Yes | Amount per month \$ _____ |
| 6. Are you receiving Spousal Support? | ___ No ___ Yes | Amount per month \$ _____ |
| 7. Are any of your dependent children employed? | ___ No ___ Yes | Amount per month \$ _____ |
| 8. Are you or your spouse receiving Unemployment Benefits? | ___ No ___ Yes | Amount per month \$ _____ |
| 9. Are you receiving any other additional income? | ___ No ___ Yes | Amount per month \$ _____ |

Monthly expenses:

Rent or house payment: \$ _____	Auto payment(s): \$ _____	Out-of-pocket medical: \$ _____
Insurance premiums: \$ _____	Electric: \$ _____	Propane: \$ _____
Water & sewer: \$ _____	Phone/internet \$ _____	Cable/satellite: \$ _____
Food \$ _____	Clothing \$ _____	Auto fuel: \$ _____
Taxes: \$ _____	Other expenses (please specify): _____	\$ _____
Total monthly expenses: \$ _____		

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- Copies of payroll stubs (last 3 months): _____ Applicant _____ Spouse
- Copy of most recent federal income tax return
- Copies of Unemployment Card and check stubs and statements (last 3 months)
- AFDC check stubs and statements (last 3 months)
- Documentation of other additional income specified above

Total gross monthly income \$ _____ Total gross annual income \$ _____

The information contained in this application is true, complete, and correct to the best of my knowledge.

Signature of Applicant

Date