



# Financial Assistance Application

## Confidential Family Needs Assessment



\_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
**Full Name of Child**

**Total Number of People in Household:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Total Annual Income of Family** (check one)

- \_\_\_\_\_ \$0 - \$8,000
- \_\_\_\_\_ \$8,000 - \$12,000
- \_\_\_\_\_ \$12,000 - \$16,000
- \_\_\_\_\_ \$16,000 - \$20,000
- \_\_\_\_\_ \$20,000 - \$24,000
- \_\_\_\_\_ \$24,000 - \$28,000
- \_\_\_\_\_ \$28,000 or more

**Medical Card Number** (if applicable) \_\_\_\_\_

**Please check any of the following that apply to your child or family:**

- \_\_\_ Child was of low birth weight (5.5lbs or less) Weight at birth \_\_\_\_\_
- \_\_\_ Child was born premature (36 weeks or less) Weeks premature \_\_\_\_\_
- \_\_\_ Child has parents whose primary language is not English. Language spoken at home \_\_\_\_\_
- \_\_\_ Child has a parent that was a teenager when first child was born.
- \_\_\_ Family has moved more than 2 times in the last year
- \_\_\_ Child has parent or sibling with serious illness or disability. Explain:  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ Child is in foster care
- \_\_\_ Child is one of a multiple at birth \_\_\_twins \_\_\_triplets \_\_\_ Other \_\_\_\_\_
- \_\_\_ Child has a sibling that qualifies for free/reduced lunch in the elementary school
- \_\_\_ Child was referred by LEASE preschool screening team

**Please give a brief explanation of your situation and need for financial assistance:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian** **Date**

*Please note: In order to be considered for Financial Assistance, you must submit your most recent Income Tax Returns to the office with this Financial Assistance form.*