

**Financial Assistance Form** (PDF form and Google internet form directed to admin email)

Name

Address

Phone

Email

Are you a partner organization or service provider who is representing applicant?

- Yes
- No

Type of Services Requested:

- Life Compass Seminar
- Class (please name): \_\_\_\_\_
- Individual Specialist Services (only available at a reduced rate)

Are you currently receiving public assistance based on income?

- Yes
- No

Is your monthly household income less than 200% of the Federal Poverty Level? (use grid below):

- Yes
- No

| Household Size         | Monthly | Yearly   |
|------------------------|---------|----------|
| 1                      | \$1,945 | \$23,340 |
| 2                      | \$2,622 | \$31,460 |
| 3                      | \$3,298 | \$39,580 |
| 4                      | \$3,975 | \$47,700 |
| 5                      | \$4,652 | \$55,820 |
| 6                      | \$5,024 | \$63,940 |
| 7                      | \$6,005 | \$72,060 |
| 8                      | \$6,682 | \$80,180 |
| Each additional person | \$338   | \$4,060  |

Please click here if you do not qualify based on monthly income, but would like to request financial help with services.

Form to collect:

- Full Name
- Phone
- Email
- Zip Code
- I am interested in:
  - Attending an event
  - Specialist services
  - Other (please explain):