



# Uncompensated Care Application

Thank you for your interest in the Laughlin Children's Center uncompensated care program; through careful oversight, and generous donations, we have been able to provide assistance to families who qualify since our founding in 1956. As a private organization not receiving any government monies, we look at all sources of income, not just what the federal government considers taxable income. Income is defined as all sources of money coming into the household. This includes wages, unemployment compensation, worker's compensation, business income, rental income, social security income, TANF/welfare, foster care and adoption subsidies.

**In addition to this completed application, please include all applicable documents for everyone residing in the home. If payment will be made by another person, their documentation must also be supplied.**

If employed, please **send all** of the following, if applicable:

- Last year's W-2
- A copy of the entire current **Federal Income Tax Return** (1040, 1040A, 1040EZ) including all applicable forms, such as Schedule C – Profit/Loss from Business. If someone else claims this child as a dependent, please submit a copy of that return as well. If you have not yet filed a current return, please provide a copy of the previous year's return and any federal extensions.
- Copies of the last 4 paystubs.
- Statement showing alimony or child support.

If not employed, please **send all** of the following, if applicable:

- If you did not file a Federal Income Tax Return and you receive public assistance, submit copies of official forms from Public Assistance/TANF/Welfare which document monthly or yearly income.
- Unemployment statement or letter of determination documenting income.
- Worker's compensation or disability documentation.
- Statement showing alimony or child support.
- SSI letter documenting amount you will receive.

**Applications must be accompanied by proper documentation; additional documentation may be required in some cases. Applicants who fail to provide the necessary documentation will not be considered for uncompensated care.**

Applicants who falsify information, who do not attend regularly or who do not keep the account balance up to date, may be ineligible for financial aid. If extenuating circumstances prevent regular attendance, please call the office at 412-741-4087 and ask for the Client Information Coordinator.

Name of child(ren) applying for Financial Aid: \_\_\_\_\_

## Family Information

### A PARENT, GUARDIAN, OR OTHER ADULT RESPONSIBLE FOR PAYMENT

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address City ST Zip

Relationship:  Mother  Father  Grandparent(s)  Foster Family  Other \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

How long? \_\_\_\_\_  Part Time  Full Time

Yearly salary \_\_\_\_\_  Salary  Hourly  If hourly, number of hours per week \_\_\_\_\_  
If hourly, hourly rate \_\_\_\_\_

How often are you paid?  Monthly  Twice a month  Every 2 weeks  Weekly

If you are self-employed, check this box and refer to section E.

### B PARENT, GUARDIAN, OR OTHER ADULT RESIDING WITH ABOVE PERSON

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address City ST Zip

Relationship:  Mother  Father  Grandparent(s)  Foster Family  Other \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

How long? \_\_\_\_\_  Part Time  Full Time

Yearly salary \_\_\_\_\_  Salary  Hourly  If hourly, number of hours per week \_\_\_\_\_  
If hourly, hourly rate \_\_\_\_\_

How often are you paid?  Monthly  Twice a month  Every 2 weeks  Weekly

If you are self-employed, check this box and refer to section E.

## C OTHER MEMBERS OF THE HOUSEHOLD

Names of all additional household members:

_____	Gender _____	Birthdate _____ / _____ / _____
_____	Gender _____	Birthdate _____ / _____ / _____
_____	Gender _____	Birthdate _____ / _____ / _____
_____	Gender _____	Birthdate _____ / _____ / _____
_____	Gender _____	Birthdate _____ / _____ / _____
_____	Gender _____	Birthdate _____ / _____ / _____

## Income Information

### D NON-TAXABLE INCOME

List the total amount received for all members in the household.

1. Child support.	\$ _____	per year
2. Social Security Income (SSI/SSD, etc.). Provide documentation for all recipients in household.	\$ _____	per year
3. Other non-taxable income (Workers' Comp., Disability, Pension/Retirement, etc. Identify source(s) in Section G.	\$ _____	per year
4. Foster care or adoption support subsidies.	\$ _____	per year
5. Do you receive TANF / Welfare? If yes, please attach statement or letter from caseworker stating amount.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you receive food stamps? If yes, please attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you receive housing assistance (Sec. 8, HUD, Parsonage, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### E BUSINESS INCOME

If you are self-employed, or if you own a business, rental property and/or farm, please complete the following:

1. If your business pays your home rent or mortgage, what is the annual total? \$ \_\_\_\_\_
2. If your business pays for your personal automobile, what is the annual total? \$ \_\_\_\_\_

REMINDER: A copy of the entire current Federal Income Tax Return for your business including all applicable forms, such as Schedule C – Profit/Loss from Business is required.

## F EXPLANATIONS

Please use this space to detail any life-changing events since your last federal income tax return filing that you feel may impact your application. Examples include divorce, death of a spouse, loss of a job, or other change to employment status. You may also use the space below to provide additional information or clarifications you feel might be important.

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## G DOCUMENTATION CHECKLIST & SIGNATURES

In addition to this completed form, please submit all applicable documentation listed on page 1 of this application.

By signing below, you declare that the information presented on this form is true, correct, and complete to the best of your knowledge.

Parent/Guardian A: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian B: \_\_\_\_\_ Date \_\_\_\_\_

**All parts of this application must be completed in full.**

**\*\*\* Financial Aid reviews are conducted annually during the summer. You will be sent a new application to complete and return with your required documentation. The new rates will not take effect until September 1<sup>st</sup>. \*\*\***

Upon your request, Laughlin Children's Center will provide your financial information to other service providers.