



# **The P.A.L. Program**

## **Financial Assistance Program**

### **Application**

2017-2018

School Year

For questions or concerns please call:

Laura Gilchrest

Co-Director

207-363-3148

(Please note this is a home-office number,  
Kindly limit calls to the hours of 9-6 pm, thank you)

[lauragilchrest.pal@gmail.com](mailto:lauragilchrest.pal@gmail.com)

PAL Program

PO Box 148

York, ME 03909

## Financial Assistance Program Guidelines

No child is denied enrollment due to inability to pay full tuition. We will work with you to provide quality child care at a reasonable cost. P.A.L. provides assistance at the Gross Income Guidelines, outlined below.

Size of Family	Gross Income Guidelines
2	\$ 31,960.00
3	\$ 40,080.00
4	\$ 48,200.00
5	\$ 56,320.00
6	\$ 64,440.00

*\*For families with more than 6 members, please speak with Laura Gilchrest*

Prior to being considered for P.A.L.'s Financial Assistance Program you must have applied to Maine's Child Care Subsidy Program. A copy of either your acceptance or denial from the State of Maine Medicaid office will be required.

Temporary, 2 week, assistance may be available, on a case by case basis, while you await your determination from DHHS. Please contact Laura for more information.

The MaineCare/Medicaid number is 1-800-482-0790 or you can apply online at:

<http://www.maine.gov/dhhs/OIAS/public-assistance/index.html>

We reserve the right to terminate financial assistance for any reason. Families receiving financial assistance must be keep their accounts in good standing, or risk losing funding.

# **Policy and Procedure**

## **FUNDRAISING**

Being approved for financial assistance does not waive your responsibility to contribute to our fundraising efforts. We design our fundraisers specifically to have little to no financial impact on our P.A.L. families. The yearly per family fundraising amount is not subject to your financial assistance discount; you must either raise \$80.00 per school year or will need to pay it out of pocket.

## **LATE FEES / NO CALL FEES / RETURNED CHECK FEES**

Late fees, no call fees, and returned check fees are not subject to financial assistance. If you accrue any of these fees they will be billed to you at their full rate.

## **TIMELY PAYMENTS**

Payments must be received on the first day of the week, every week, that your child attends P.A.L. If payments fall two weeks behind or more without having made prior arrangements with Laura, you will lose your financial assistance and your spot in the program. If you are having trouble making payments as scheduled, please speak with Laura, a 10-minute conversation can make all the difference! We are willing to work with you but you need to let us know.

## **SPECIAL EVENTS AND PARENT NIGHTS OUT**

Special events, classes, Parent Nights Out evenings, and any other events where a fee, separate from tuition, is charged are not subject to financial assistance discounts. Accounts must be in good standing (no outstanding balances) to participate in special events that have additional fees.

## **CONSENT**

To receive funds from outside sources we are often asked to provide basic information with these organizations, such as names of yourself, your spouse (if any) and your children, house hold size, also the ages and grade of the children using our program. You do not have to give consent for us to share this information, however not giving consent will affect the amount of funding you receive.

Before providing assistance, we will require information concerning your income.

Please submit the following documents to show proof of income **for your entire household:**

- 2016 Income Tax Return **and**
- Proof of income for 2017 – which may be:
  - Current pay stubs showing a year-to-date total for 2017
  - Profit and loss statement if self employed
  - Copy of monthly Social Security check or pension check
  - Copy of a bank statement showing direct deposit of Social Security or pension benefits
  - Copy of current Social Security benefit statement
  - Copies of workers compensation benefits
  - Copy of unemployment check or benefit statement
  - Copies of child support payments received
  - Letter from employer

**You will be required to update your household financial income every 5 months**

Please call if you have questions as to what is needed for proof of income.

Your application will not be processed until the requested information has been received.

If you believe you may qualify for P.A.L.'s Financial Assistance Program, please fill out the attached application and return it to

P.A.L. Program  
Laura Gilchrest  
PO Box 148  
York, ME 03909

Please note that items in this application are subject to change at any time.

# Application for P.A.L. Program Financial Assistance

School year 2017-2018

*All fields are required*

Primary Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Secondary Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Total for last 12 Months

Wages (Gross income) \_\_\_\_\_ Self Employment: \_\_\_\_\_

Social Security Disability: \_\_\_\_\_ Social Security Retirement: \_\_\_\_\_

Unemployment: \_\_\_\_\_ Workers Compensation: \_\_\_\_\_

Rental Income: \_\_\_\_\_ Dividends/Interest Income: \_\_\_\_\_

Pension: \_\_\_\_\_ Public Assistance: \_\_\_\_\_

Child Support/Alimony: \_\_\_\_\_ Other: \_\_\_\_\_

Family Size: \_\_\_\_\_

Names, ages, and grades of children attending P.A.L. (first and last names please):

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

I have read the policies and procedures listed in the Financial Assistance Packet and agree to comply with those policies to receive financial support. Those policies **include fundraising, additional fees, timely payments, and special events.**

**Please initial:** \_\_\_\_\_

I agree and consent to allow the PAL Program to release basic information about myself, my spouse (if any) and my children, as well as my family's financial information to local community organizations for the purpose of receiving funds for tuition support.

**Please initial:** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name Printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name Printed: \_\_\_\_\_

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*For P.A.L. Staff: Date Received: \_\_\_\_\_ Date Accepted: \_\_\_\_\_*

## Community Resources

**MaineCare:** Provides health programs and food stamps. Call 1-800-482-0790 or visit the State of Maine website at <http://maine.gov/dhhs/OIAS/public-assistance/index.html> .

**211:** Dial 211 or go to [www.211maine.org](http://www.211maine.org) to connect to resources in your area.

**York Community Action:** Provides information and referrals for advocates and emergency assistance for shelter, utilities, heat or food. Call 207-439-2699.

**York Community Service Association:** Help for people who live in York with emergency situations/needs like rent, medication, heat, food, etc. Please call 207-363-5504.

**York Hospital Financial Assistance Program:** Offers free care and assistance to residents of Maine who qualify. Call 207-351-2398.