



The P.A.L. Program

Financial Assistance Program

Application

2019-2020

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

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.

Upon receipt of your completed application you will receive a discount based on your income and expenses. In order to keep your discount, you must apply to Maine's Child Care Subsidy Program and provide PAL with a copy of either your acceptance or denial from the State of Maine Medicaid office within three weeks' time.

Temporary, 3 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>

All financial assistance given depends upon the amount of funding we receive from donors and fundraising events and cannot be guaranteed for the entire school year. We reserve the right to terminate financial assistance for any reason. Families receiving financial assistance must 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 Friday prior for the following 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, household 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:**

- 2018 Income Tax Return **and**
- Proof of income for 2019 – which may be:
 - Current pay stubs showing a year-to-date total for 2019
 - Profit and loss statement if self employed - 2019
 - 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 2019-2020

All fields are required

1. Applicant _____

2. SS# _____ Telephone _____ Email _____

3. Address _____

4. Please list **all members** of your household including yourself:

Name Relationship to applicant DOB

A. _____

B. _____

C. _____

D. _____

E. _____

5. Employment

Please list the names of all employed individuals who reside at the above residence:

Individual #1: Name _____ Full Time ___ Part Time ___
How many hours? ___ Hourly rate? _____ Salary? _____

Individual #2: Name _____ Full Time ___ Part Time ___
How many hours? ___ Hourly rate? _____ Salary? _____

Individual #3: Name _____ Full Time ___ Part Time ___
How many hours? ___ Hourly rate? _____ Salary? _____

Is any adult in your household a fulltime student? Yes ___ No ___

Please list the name(s) of the person(s) attending school

_____ Days or evenings? _____ How many times per
week? ___ How is school being funded? _____

What is the total annual income collectively for all members in the household?

Do you own your home or pay rent? _____

How much do you pay monthly? _____

6. Sources of Income

Please mark below with a dollar amount in the space provided if you receive any of the following assistance:

Taniff _____ Food Stamps _____ Medicaid _____
WIC _____ SSI _____ SSDI _____ Sec. 8 Housing _____
Unemployment _____ Rental Income _____ Pension _____
Workers Compensation _____ Interest Income _____

Gross monthly salaries before taxes \$ _____

Monthly Child Support Received \$ _____

Other (roommate etc.) \$ _____

Total Monthly Income \$ _____

If your income is too high to receive State support yet you have circumstances, such as high medical bills, that make it difficult to afford child care, please explain here:

7. Does your child receive free lunch at school? _____

8. Does your child receive reduced lunch at school? _____

Your signature below is verification that all information in this application is complete and factual.

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: _____

Your application will be deemed incomplete if the documentation above is not provided and attached to the application when submitted.

Your application and documentation will be kept confidential.

Please provide as much information regarding your situation as possible so that a complete portrayal of your circumstance is clearly understood. It is recognized that this process is difficult, personal and sensitive however, the information is essential for a decision to be determined.

This Department pledges to provide you with the utmost respect, dignity and sensitivity while doing our best to assist you through this process.

Thank you!

For P.A.L. Staff:

Date Received: _____ *Date Accepted:* _____

Notes:

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 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.