

# The P.A.L. Program



## Financial Assistance Program Application 2023-2024 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 9-4pm, 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.

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.

## Policies and Procedures

### 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 \$100.00 per school year or will need to pay it out of pocket.

### LATE FEES / NO CALL FEES / NON-SUFFICIENT FUNDS FEES

Late fees, no call fees, and Non-Sufficient Funds 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

Weekly tuition payments will be **automatically** charged to your card on file for the following week. If your payment is rejected due to your card being compromised, being over the limit, or if the card expiration date passes, you are responsible to update your account prior to the withdrawal of next week’s funds - otherwise your service for the next week is suspended until your account is updated on your ‘My Procure Portal’. Parents/Guardians will be responsible for the \$45 Non-Sufficient Funds fee.

If we have made several attempts to contact you regarding your account and have had no response, 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

Special events, classes and any other events at P.A.L. 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:**

- **Most recent Income Tax Return and**

- **Proof of income for 2023 – which may be:**

- o Current pay stubs showing a year-to-date total for 2023
- o Profit and loss statement if self-employed - 2023
- o Copy of monthly Social Security check or pension check
- o Copy of a bank statement showing direct deposit of Social Security or pension benefits
- o Copy of current Social Security benefit statement
- o Copies of workers compensation benefits
- o Copy of unemployment check or benefit statement
- o Copies of child support payments received
- o 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.*

---

## **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, <https://www.yccac.org/>

**York Community Service Association:** Help for people who live in York with emergency situations/needs such as rent, medication, heat, food, etc. Please call 207-363-5504, <http://ycsame.org>

**York Hospital Financial Assistance Program:** Offers assistance to residents of Maine. Call 207-351-2398, or visit their website at: <http://www.yorkhospital.com/programs/financial-assistance-program.aspx>

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

School year 2023-2024

*\*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**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

## 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? \_\_\_\_\_ 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 ONLY:**

Date Received: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Notes: