FINANCIAL ASSISTANCE FORM

Email to info@lifetrients.com, fax to 847.234.5545, or mail to Lifetrients, 37 Sherwood Terrace, #109-110, Lake Bluff, IL 60044

Guardian Information

Name ______________________ Parent or Primary Caregiver ______________________

Address ______________ City ______________ State ______________ Zip ______________

Home Phone ______________________ Cell Phone/Other ______________________

Email Address ______________________

 # Of Children Living with You

Child's First Name ______________________ Birth Date ______________________

Child's First Name ______________________ Birth Date ______________________

Income

What is your combined monthly household employment income? ______________________

Do you receive state or federal assistance (SSI/SDI)? ☐ Yes ☐ No If yes, how much? ______________________

If you are a single parent, do you receive monthly child support? ☐ Yes ☐ No If yes, how much? ______________________

Financial Information Proof of Income Required (W-2, Tax Return, 2 Recent Paystubs-Please Redact SS# & EIN#)

Household Yearly Gross Income: $ ______________________

Other Sources of Income (Regional Center, IHSS, SSI) Total Amount per Year $______________________

Housing: ☐ Own ☐ Rent ☐ Temporary Monthly Housing Commitment: $ ______________________

Do you have a 2nd Mortgage? ☐ Yes ☐ No Monthly Housing Commitment 2nd Mortgage $ ______________________

Name of Physician/Referral ______________________ State ______________________

Is your child currently taking Speak? ☐ Yes ☐ No

How long has your child been taking speak?______________________ # of Capsules/Tbsps daily: ______________________

Confidentiality

All information provided above is accurate to the best of my knowledge. If selected, I may be asked to supply a photo of my child to NourishLife upon acceptance into the program.

Print Name ______________________

Signature ______________________ Date ______________________

Approved by ______________________ Amount Per Unit ______________________