



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, howmuch? _____

If you are a single parent, do you receive monthly child support? Yes No If yes, howmuch? _____

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

Household YearlyGross Income: \$ _____

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

Housing: Own Rent Temporary MonthlyHousing Commitment: \$ _____

Do you have a2nd 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 _____