



Shepherd Center's mission is to help people with a temporary or permanent disability caused by injury or disease, rebuild their lives with hope, independence and dignity, advocating for full inclusion in all aspects of community life while promoting safety and injury prevention.

**What is the Financial Assistance for the Beyond Therapy Programs?**

- The Financial Assistance Program was developed to support individuals who otherwise could not access Beyond Therapy without financial assistance.

**Who is eligible to apply?**

- Any individual who has a disability and can demonstrate the need for financial assistance to participate in Beyond Therapy.

**Is there a limit to the amount of assistance provided?**

Generally, assistance is limited per individual, per year; subject to available funds, and if there continues to be a financial hardship. An individual can receive financial assistance up to two years for a lifetime.

Awards are as follows:

- 1<sup>st</sup> Award Year: Up to \$5000 per year.
- 2<sup>nd</sup> Award Year: Up to \$5000 per year.

**NOTE:** Housing is not included for Beyond Therapy Financial Assistance. All participants are responsible for securing their own housing.

**How do you apply for assistance?**

All requests for financial assistance must be made through the Recreation Therapy Program Coordinator at [Sabrina Harrison@Shepherd.org](mailto:Sabrina.Harrison@Shepherd.org). All completed applications will be reviewed by the Beyond Therapy Financial Assistance Committee and funding will be granted according to the established guidelines. Missing or incomplete information not received by the deadline will delay consideration for funding.

**Requirements:**

1. The front page of your federal income tax form (1040 form) from this past year.
  - a. If the participant is claimed as a dependent, a copy of the legal guardian's 1040 form is required.
2. Please describe in detail the need(s) so that we may better understand how this financial assistance is directly related to a disability, and how it will impact your life.

Application Deadline	Communicate Decisions/Grant Awarded	Review Period
12/14/18	12/28/18	12/17/18-12/27/18

***Once an individual is notified of an award amount then all outstanding payment is due the first week of Beyond Therapy.***



**2018 Beyond Therapy Financial Assistance Form**

<b>Please complete all information</b>					
Last Name:		First Name:		MI:	
Address:			City:	State:	Zip Code:
Telephone:		Alternate Phone:	Email Address:		
<b>Check all appropriate areas</b>					
Your employment status		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	
Employment status of spouse or significant other		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> N/A
Do you have a relative employed at Shepherd Center <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered YES, provide the name of the employee: _____					
Please describe in detail the need(s) so that we may better understand how this financial assistance is directly related to a disability, and how it will impact your life (must be completed for consideration):					
In order for us to assist as many individuals as possible, any amount of money you can pay towards your costs will be helpful (no amount is too small).					
Amount able to pay:\$ _____			Amount of assistance requesting: \$ _____		

