



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 needs 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:

- 1st Year: Up to \$5000 one time per year.
- 2nd Year: Up to \$5000 one time per year

- Housing is not included for Beyond Therapy Financial Assistance. All participants will secure 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. All completed applications and will be reviewed by the committee and funding will be granted within the established guidelines. Missing or incomplete information by the deadline will result in delay for the 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 under 18 years of age, 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
09/13/21	09/27/21	09/20/21

Once an individual is notified of an award amount then all outstanding payment is due by start date.

Letter stating this is the amount you get and you have 1 week to turn it around.



2021 Beyond Therapy Financial Assistance Form

Please complete all information			
Last Name:	First Name:	MI:	
Address:	City:	State:	Zip Code:
Telephone:	Alternate Phone:	Email Address:	
Check all appropriate areas			
Financial assistance requested for:	<input type="checkbox"/> Yourself		
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	
Do you have a relative employed at Shepherd Center	<input type="checkbox"/> No <input type="checkbox"/> Yes		
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: \$ _____	