



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?**

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> Year: Up to \$5000 one time per year.
- 2<sup>nd</sup> 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 should be email to [Sabrina.Harrison@Shepherd.org](mailto:Sabrina.Harrison@Shepherd.org). All completed applications are 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 a requirement.
2. Please describe in detail the need(s) so that we may better understand how this financial assistance is related to a disability, and how it will impact your life.

Application Deadline	Communicate Decisions/Grant Awarded	Review Period
06/01/2022	06/27/2022	06/17/2022

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

***Letter stating this is the amount you will receive, and you have 1 week to turn it around.***



**2022 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"/> Yes	<input type="checkbox"/> No			
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 <b>(must be completed for consideration):</b>					
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: \$ _____		