

CONFIDENTIAL FINANCIAL HARDSHIP APPLICATION

Bristol School Readiness Financial Hardship Committee

Purpose:

This committee is intended to establish a process to determine the appropriateness of lowering the sliding scale fee payment for families who may be encountering hardships. All information will be kept confidential.

Process:

1. Families will complete the Financial Hardship Application and submit to Jasmin Autunno at Bristol Early Childhood Center.
2. The Hardship Committee will consist of 1 Supervisor, 1 Principal and 1 Central Office Personnel.
3. The Hardship Committee will meet monthly during the school year.
4. Applications will be reviewed by the Hardship Committee on a monthly basis. The information on the application will determine eligibility for lower payments.
5. The committee will determine the need for lowering the family's monthly sliding fee payment and fees will be adjusted accordingly. The committee will review this information 3 times yearly.
6. A new letter of agreement will be signed by the Supervisor and the family.

To apply for reduced tuition, please bring include all the following information and return to the Bristol Early Childhood Center.

1. Complete hardship application.
2. Copy your federal tax return.
3. Two most recent pay stubs or a letter from your employer verifying your employment and annual income. If you are unemployed, draw social security or are a full time student please provide a summary of your unemployment benefits, SSI paperwork, or school enrollment.

Please cross out all social security numbers and tax ID numbers

All applications are reviewed on a case-by-case basis. Applications received without the above documentation attached will be returned unprocessed.

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Date Received	
All Documents Attached:	
Determination:	

SCHOOL READINESS

Recognizing that circumstances may arise where an individual or family is unable to pay in full, we have adopted a process of screening requests for reduced payment based on individual and/or family circumstances. This confidential information is reviewed by Hardship Committee on a monthly basis. Names are kept confidential at all times. To begin the process, we must ask for certain financial information. *All information will be held confidential according to our privacy policy.* Please provide the documents listed below for each adult family member, and complete this form to the best of your ability:

Child Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Phone: _____ Mobile/Home

Second Adult: _____ Phone: _____ Mobile/Home

Employment/Unemployment Information (for each adult family member)

Parent/Guardian Employer _____ Occupation: _____

Work Address: _____ Work phone: _____

Second Adult:

Parent/Guardian Employer _____ Occupation: _____

Work Address: _____ Work Phone: _____

If unemployed, please state when employment was terminated. If lay-off is temporary, indicate expected duration:

Assistance received

State financial assistance WIC Food stamps Housing Utility Reimbursement

Submit your complete application with the following:

1. Current year's federal tax return (1040 pages 1,2 or 1040EZ)
2. Copies of your last two paycheck stubs or a letter from your employer stating your annual salary.
3. Copies of any financial assistance.

Dependents living at home:

Name	Employer/School	Birth Date	Relationship

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Household Financial Information

Please complete the information in the following table based on average income and expenses over the last 12 months. For amounts paid annually, enter annual amount divided by 12.

Monthly income (after payroll deductions)		Monthly expenses (not including payroll deductions)	
Employment	\$	Mortgage/rent	\$
Unemployment/severance	\$	Auto/transportation	\$
Self-employment	\$	Non-reimbursed work expenses (e.g., parking, tools)	\$
Interest/dividends	\$	Insurance (e.g., life, homeowners)	\$
Pension/disability	\$	Utilities (e.g., lights, water, gas)	\$
Child support/alimony	\$	Medications	\$
Short-term disability	\$	Childcare	\$
Long-term disability	\$	Credit cards	\$
Rental income	\$	Child support/alimony	\$
Other income: Cash Assistance:	\$	Personal property taxes (home, auto monthly)	\$
Housing Allowance	\$	Other expenses: Groceries, cell phones, cable etc.	\$
Utility Reimbursement	\$		
Food Stamps	\$	Other?	\$
Total average income		Total average expenses	

*** Please explain any additional information you feel may be important in determining your eligibility for a discounted rate. (*required)**

****Reduced payment that I am able to pay \$_____**

I certify that this information is true and complete. I grant this office permission to verify the information, and I acknowledge that completion of this form does not guarantee a discounted rate.

Signed: _____ Date: _____

Please return to: Jasmin Autunno Bristol Early Childhood Center 240 Stafford Avenue Bristol, CT 06010
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