

No Stones Movement, Inc. Hardship Application

The amount of assistance applicants qualify for is determined by a sliding fee scale which is Reviewed annually and set to provide maximum assistance to teens and families where there is The greatest need, (Scale is similar to what the State of Georgia uses) The amount of financial Assistance provided for on the scale is determined both by need and by the ability of the NSM, inc. to fund it.

Please fill out completely and accurately.

Please attach a copy of parents or responsible parties most current income tax return, last two pay stubs, subsidy documentation, if applicable. Your application cannot be processed without these documents. If you do not have either of these documents, please call consult with director of your program

Name of Primary Responsible Party: _____ Birth date: _____

Second Party (In Home): _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

Are you: _____ Married _____ Divorced _____ Single _____ Separated

Program Title:

Total House Hold Size: _____

Estimated Household Yearly Income: \$ _____

If \$0, how are you paying for Rent, Utilities, etc?

If divorced, do you receive child support? _____ Yes _____ No

How much support? \$ _____ per month \$ _____ per year

Are you or your spouse receiving public aid? _____ Yes _____ No

Are you and/or your spouse receiving Social Security? _____ Yes _____ No

Why? _____

What is your monthly benefit amount? \$ _____ Spouse \$ _____

Mortgage: \$ _____ /month or Rent: \$ _____ /month

Financial assistance for all will be based on a sliding fee scale unless there are exceptional circumstances such as high medical bills, recent unemployment, etc. Please identify any exceptional circumstances that you want us to be aware of. Copies of any excessive bills, unemployment benefits, etc must be attached.

I hereby state that the information provided is true and accurate to the best of my knowledge. I understand that NSM,inc. has the legal right to hold me responsible for the total cost of the program should the information provided here be incorrect or inaccurate. I acknowledge that I have received a copy of the NSM,Inc. Financial assistance policy. I understand that my participation or acceptance into this program can be terminated should I not comply with all NSM,Inc. rules and policies.

Signature of Applicant

Date

Application can take up to 10 business days for processing

Financial Assistance Policy For No Stones Ministries, Inc. (NSM,Inc.)

It is the position of NSM, Inc. that all programming, activities, and services are open to all youth ages 12-18, and 19-21 (based on program relevance) regardless of income, ability, race, or religion. It is our goal to never close the door on the future of a Teen or young adult. Though our fundraising efforts and community sponsors we are able to provide some assistance for participants who are unable to pay the cost for our services. NSM, Inc. provides services based on volunteer efforts and in-kind givings.

In those instances where the cost of the membership or program may prevent an individual or family from participating, NSM, Inc. will, based on available resources, offer financial assistance as specified by the following financial assistance policy:

Financial Assistance Policy: NSM, Inc. will provide financial assistance to all qualified applicants based on the following criteria:

1. That applicants qualify for assistance based on income and size of family.
2. That approvals for participation assistance will be for a specified time and/or program and approvals for program assistance will be for one program session.
3. That applicants must fill out **completely** and accurately the application form and provide **documentation to verify income** (acceptable documentation is listed below)
4. That the amount of financial assistance or percentage of fee being offered does not exceed the resources previously set aside by NSM, Inc.

Eligibility: Financial assistance is provided to applicants who meet minimum eligibility requirements which are set by the NSM, Inc. Board of Directors. Both family size and annual income are considered when determining eligibility. All applicants will be required to submit documentation of income in order to be considered.

Sliding Fee Scale: The amount of assistance applicants qualify for is determined by a sliding fee scale which is reviewed annually and set to provide maximum assistance to individuals and families where there is the greatest need. Exceptions to the sliding fee scale can be made by only by the NSM, Inc. Board of Directors. The amount of financial assistance provided for on the scale is determined both by need and by the ability of the NSM, Inc. to cover program expenses.

Confidentiality: All information given to the NSM, Inc. confidential.

Procedure:

1. The financial assistance application must be filled out completely and accurately.
2. Applicants must provide documentation to verify income and/or need. The following statements of income are acceptable in this order:
 - a. Copy of most current tax statement
 - b. Statement of income from Social Security Office
 - c. Two current check stubs (One month of income)
 - d. Child support court order
4. All requests should be submitted to Emanuel Glaze or current office manager.
5. Your application will be reviewed and a determination will be made only after application is received as complete and necessary documentation provided.