



## Financial Assistance Application

All participants at Page Robbins receive a discounted fee. Participant families pay about half the cost of care and The Board of Directors and staff fundraise the other half. This keeps the cost of care more affordable for you and your family. We know that this kind of care is an unexpected expense for everyone, and that some need additional assistance. If your family needs financial assistance to attend our program, we encourage you to apply using this form.

### *Women's Scholarships (55+)*

For 2023, we have been given a very generous \$50,000 grant from the Mary Galloway Home Foundation to provide scholarships to women, 55 and older, who need financial assistance to attend our program. You can learn more about the Mary Galloway Home Foundation and their legacy of generosity at [marygallowayhome.org](http://marygallowayhome.org).

### *Men's Scholarships and Women Younger than 55*

We have set aside financial aid funds for those who have limited financial resources.

### **Important Information to Note**

The disclosure information below relates to the individual who would be in our care. Completion of this form does not guarantee financial aid grant will be given, and Page Robbins expects each family to have some financial responsibility for care. No one should expect to receive a full scholarship.

Funds are limited and are not guaranteed to be available long term. We will communicate clearly and in advance, when/if we are nearing the end of our ability to assist in a fee reduction. If financial assistance is approved, re-application is required each year in June. The information you provide is confidential and is only used to determine your eligibility and level of financial assistance.

If you have questions about this process, please contact our Executive Director:

Herbie Krisle

[herbie@pagerobbins.org](mailto:herbie@pagerobbins.org)

Please return your completed form to our Program Director:

Sheri Wammack, LBSW

[sheri@pagerobbins.org](mailto:sheri@pagerobbins.org)

General Contact Information:

901-854-1200

1961 S Houston Levee Rd

Collierville, TN 38017



PAGE ROBBINS  
ADULT DAY CENTER

## Financial Assistance Application

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Total number of individuals in the household \_\_\_\_\_

*\*Please fill this form out based on the participant's assets, income, and his/her portion of expenses.*

<b>Cash Assets:</b>	<b>Value</b>	<b>Non-Cash Assets:</b>	<b>Value</b>
Checking Account	_____	Real Estate	_____
Savings Account	_____	Business Interests	_____
Money Market Funds	_____	Investments	_____
CDs	_____	Motor Vehicles	_____
Stocks/Bonds	_____	Other (specify)	_____
Other (specify)	_____	Other (specify)	_____
<i>Total</i>	_____	<i>Total</i>	_____

**Monthly Income**

**Monthly Expenses**

Salary/Wages \_\_\_\_\_

Rent/Mortgage \_\_\_\_\_

Interest \_\_\_\_\_

Utilities \_\_\_\_\_  
(Include electricity, gas, water, phone, cell, TV/internet etc.).

Pension \_\_\_\_\_

Property Tax/Insurance \_\_\_\_\_

Social Security \_\_\_\_\_

Food \_\_\_\_\_

SSI \_\_\_\_\_

Car/Fuel \_\_\_\_\_

Investment Income \_\_\_\_\_

Clothing \_\_\_\_\_

Trust \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Annuities \_\_\_\_\_

Medical \_\_\_\_\_

Other Income (list)

Other Expenses (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Total Income* \_\_\_\_\_

*Total Expenses* \_\_\_\_\_

*Please note that we may contact you with further follow-up questions if necessary.*

**Required: Total amount per day the participant and family are willing to pay for their care:**

\$ \_\_\_\_\_

(Your application will be considered incomplete without a response to this question.)

I certify that the above information is correct and accurate. I also know that financial aid may or may not be offered based on the information provided. I also understand that the financial aid will be reviewed annually based on the amount of funds that are available for use. I understand that any changes to the financial situation should be reported to Executive Director or Program Director for consideration.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date