

# CHAT RETREAT FINANCIAL ASSISTANCE FORM

It is our mission to allow every individual interested in CHAT Retreat an opportunity to participate despite any financial obstacles. As the supervisor for the retreat, Dr. Megann McGill will contact each individual applying for financial assistance. In brief, financial assistance will be based on need and will take into consideration income, household size, and any extenuating familial and economic circumstances. Please complete the below information to be considered for financial assistance.

| PARTICIPANT INFORMATION  |                             |                             |                                   |                             |
|--|-----------------------------|-----------------------------|-----------------------------------|-----------------------------|
| Last name:   |                             | First name:                 |                                   | Age:                        |
| Street address:  |                             |                             |                                   |                             |
| City:  |                             | Phone number:<br>(       )  |                                   | Email Address:              |
| Employment status:   Unemployed   On disability   Employed<br>part-time                      Employed full-time                      Student<br>Military |                             |                             | State:                            | ZIP Code:                   |
| Occupation:  |                             |                             |                                   |                             |
| Covered by OR Health Plan?<br><br>Yes      No  |                             |                             | Number of persons living in home: |                             |
| <i>Applicants may be asked to provide documentation of the above financial assistance programs if checked.</i><br><br><i>“YES” for any of the above.</i> | Food stamps/SNAP            | TA NF                       | Unemployment benefits             | Disability/SSI benefits     |
|  | Yes                      No | Yes                      No | Yes                      No       | Yes                      No |
| Use the space below to describe your current familial situation and your request for financial assistance in participating at CHAT Retreat.              |                             |                             |                                   |                             |

