

# Robin Rogers Day Service

## Application for Financial Assistance

I am requesting a Sliding Scale Fee

Total number of people in my household:

Names	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Total Household Income: \$ \_\_\_\_\_ (week/month/year)  
(This includes all people staying at the home)

1. Does your child(ren) receive any government benefits, such as Medicaid, SSI/SSDI, cash assistance, food stamps, etc?

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2. Please describe why child care is necessary for your child.

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3. Please list any other information as to why you believe your child should receive financial assistance.

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I understand by signing this form, I am declaring that all information herein is true to the best of my knowledge and that any attempt to provide false or misleading information could result in loss of financial assistance for my child(ren).

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date