

Personal Information

Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s)

Home: (____) ____-____ Cell: (____) ____-____ Work: (____) ____-____

Email: _____

The best way to reach you is by: Phone Email

Requested Service Information

What services are you seeking? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Parenting Class | <input type="checkbox"/> Private Therapy |
| <input type="checkbox"/> Advanced Seminar (please specify):
_____ | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Home Visit | <input type="checkbox"/> Relationship Skills Workshops: (Please circle)
Adult Teen Kids Infant RAD |
| | <input type="checkbox"/> Other: _____ |

Who is/are the service(s) needed for? Check all that apply.

- Myself Spouse/Partner Child/Children

Have you previously paid for services and if so, which ones and has this affected your financial situation? Please explain.

Financial Information

Income		Expenses	
Monthly Wages	\$ _____	Monthly Rent/Mortgage	\$ _____
Alimony	\$ _____	Utilities	\$ _____
Child Support	\$ _____	Car Payment(s)	\$ _____
Other: _____	\$ _____	Tuition for _____	\$ _____
Other: _____	\$ _____	Min. Credit Card Payment(s)	\$ _____
Other: _____	\$ _____	Groceries	\$ _____
Other: _____	\$ _____	Other Expenses	\$ _____
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

Employment Information

Employer/Position: _____ Annual Income: \$ _____

Documentation

Please provide copies of the documentation listed below:

- ⇒ Copy of your most recent tax return.
- ⇒ Copy of your last three (3) bank statements

Declaration of Need

Please tell us about any extenuating circumstances that influence your ability to pay.

Certification

I, _____, acknowledge that the information I have provided on this application is true and correct.

Signature: _____ Date: _____

All information that you have graciously provided will be kept strictly confidential. Our office will review this application without delay so that you will get the services you or your family need as soon as possible.

Once you have completed this application, you may mail it, as well as the copies requested, to our office at 15650 Devonshire St, Suite 210, Granada Hills, CA 91344. Or, you may leave it with any staff member at PaRC.

Please contact our office at (818) 891-8477 if you have any questions and we will be happy to help you.