



27 W 20th Street, Suite 1203 · New York, NY 10011

(212) 633-6400 · www.stutteringtreatment.org

Freeing Voices Changing Lives Application for Financial Assistance

To be considered for assistance, you must complete the entire application. Since funding is limited, all other means of financial assistance must be exhausted, such as insurance and vocational rehabilitation services.

Today's date: _____ Desired date for treatment to begin: _____

Have you previously corresponded with a member of the AIS staff about your need for financial assistance?

Yes _____ With whom did you speak? _____

No _____

Type of Assistance Sought

AIS offers three treatment options: the **3-week intensive program**, **12 week group evening courses**, and **weekly individual therapy sessions**. To start either option, you must complete an initial consultation. Please provide the below information for the treatment option(s) that you would like assistance for.

Reduced rate for a 3-week intensive program (fee= \$4,400)

Amount currently able to pay \$ _____

Reduced rate for 12 week evening course (fee= \$1920)

Amount currently able to pay \$ _____

Sliding scale for weekly individual therapy sessions (fee= \$140 each)

Amount currently able to pay per session (Please circle one)

\$20 \$40 \$70 \$100

Reduced rate for a consultation (fee= \$200)

Amount currently able to pay (Please circle one)

\$25 \$50 \$100 \$150

Would you be willing to volunteer around the office? yes no *(circle one)*

Applicant Information

Name (who this therapy is for – please print):

Date of birth:

Address:

Phone number(s):

Email address:

Financial Information *(this information will be kept confidential)*

Please provide a copy of your most recent federal tax return and two(2) current paycheck stubs.

Total income of family household:

Place of employment for self, parent(s), and/or guardian(s):

Number of years employed at present job:

Number of dependents:

I agree that all the information on this form is accurate to the best of my knowledge.

Sign Name

Print Name

Date

Essay Section *to be written by the applicant, parent, or guardian*

Please write a brief statement indicating why you wish to apply for the financial assistance. You can either attach your written statement to this application or write it below and on the back of this page.

If applying for the intensive program, please write about why you want to participate in this program. Take your time and think about your speech and why you want to work on it, what stuttering means to you, what you hope to gain from treatment, etc.

Thank you for taking the time to complete this application. Applications must be completed in their entirety in order to be considered.