



Application For Clarity Cares

Note: Please provide proof of income for the past 2 months (pay stubs & bank statements) as well as a copy of last year's income tax return along with a completed copy of this application.

Completed Applications should be returned to Clarity at: 29 North Academy Street Greenville, SC 29601

Reason for Application: Speech Hearing Psychology Evaluation Counseling

Date: _____

Client Name: _____ DOB: _____

If Child, Parent or Guardian's Name: _____

Phone Number: _____ Address: _____
(Street, City, State, Zip Code)

Spouse Name: _____ Address: _____
(Street, City, State, Zip Code)

INCOME:

Place of Employment

Client: _____

Husband: _____

Wife: _____

REPORT INCOME:

(less State & Federal)

Income Client: _____

Income Husband: _____

Income Wife: _____

Total Income: _____

Total Family Income Per Month: _____

Source of Other Income: _____

TOTAL of **ALL** INCOME: _____

List all eligible dependents which income supports:

Name	Age	Relationship	Any Concerns?



EXPENSES (Please list):

DEBTOR	ADDRESS	MINIMUM MONTHLY PAYMENT	TERM OF LOAN
House(s): _____ _____	_____ _____	_____ _____	
Car(s) # Make: Year: Make: Year:		_____ _____	_____ _____
Medical Insurance _____		_____	
Credit Cards: _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	
Utilities (power, phone, waters, etc) _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	
Donation:			
Other:			
Other Exceptional Family Expenses: _____ _____ _____ _____		_____ _____ _____ _____	



ADDITIONAL QUESTIONS:

1. Did you file taxes last year? **If so please include your completed tax return with this packet.** If you did not file taxes, please explain. _____

2. Please Circle all that apply:

I am on disability (if circled please include proof of disability income)

I or my spouse are unemployed

I do not have a bank account

If you circled any of the above statements, please explain.

3. Are you applying for a psychological evaluation? If so have you been previously tested? _____

If you have been previously tested, please provide your most recent diagnosis and a **copy** of your report along with the application.

I confirm that all information provided to Clarity in this application is correct.

Signature: _____

Date: _____