**Application for Scholarship and/or Payment Plan for Services**

**Directions:**

1. Complete the below application. Any information left off the application may result in your application not being processed.
2. **Attach the required forms to your application:** (Proof of Income, tax returns, or proof of disability, etc.).
3. While we do ask for tax statements, we understand that circumstances can change from the time of your last filing. Please include those circumstances in the Statement of Need section below.
4. Email your completed application and required proof of income/disability to: info@pinnaclecounselingca

If submitting the application and required documents in paper form, mail to:

Pinnacle Counseling and Testing Center, Attn: Patient Accounts,

41856 Ivy St, Suite 205, Murrieta, CA 92562,

1. The approval process can take up to 5 business days if all necessary paperwork is provided. You will receive an email informing you of your approval or denial, or if additional information is needed to process your application.
2. You will need to reapply every 90 days if you still wish to receive scholarships or payment plan services.

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| **Client Legal Name: DOB:**  DOB: | | |
| Address: | | |
| City: | State: | Zip Code: |

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| **Section 1** |
| **Statement of Need** |
| **Explain why you are in need of scholarship or payment plan services. Include explanation of your financial hardship.** |
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| Section 2 | | | | | |
| Responsible Party Demographic Information | | | | | |
| **Responsible Party Legal Name** (if other than client): | | | | | |
| Relationship to Client: | | | | | |
| Email Address:  SSN: | | | | Primary Phone: | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Employment Information- Responsible Party information only. | | | | | |
| Is the Responsible Party currently employed? (If yes, complete below) Yes No | | | | | |
| If No, please explain: | | | | | |
| Family Demographics- please include everyone living in your household | | | | | |
| Responsible Party Marital Status: (circle one) Single Married Partnered Divorced Legally Separated Widowed | | | | | |
| **Spouse/Partner Legal Name:** | | | | | |
| Is your Spouse/Partner: Employed No Income Receiving Unemployment Receiving Medicare/Medicaid benefits | | | | | |
| **Dependents claimed on your Federal tax return and/or others living in your household** | | | | | |
| Name: | DOB: | | Relationship: | | Annual Income: |
| Name: | DOB: | | Relationship: | | Annual Income: |
| Name: | DOB: | | Relationship: | | Annual Income: |
| Name: | DOB: | | Relationship: | | Annual Income: |
| **Please attach copies of first two (2) pages of last submitted tax return for each working person listed above. If no tax documents were submitted, provide evidence of disability, such as Social Security Disability or other state determined need such as CalFresh or MediCal.** If there are additional working members of the household, please include their income information on a separate sheet of paper. | | | | | |
| Read and Sign- Responsible Party signature is required for your application to be accepted and processed. | | | | | |
| **I understand** that I am not guaranteed to receive scholarship or payment plan services on any or all of the amounts owed and that, pending Pinnacle Counseling and Testing Center’s review of my eligibility based on household size and income, any outstanding amounts may remain my responsibility for payment.  **I certify** information provided on this application is true and correct to the best of my knowledge and truly represents my current household financial status. | | | | | |
| Signature of Responsible Party: Date: | | | | | |

**Please return completed application to:** [**info@pinnaclecounselingca.com**](mailto:info@pinnaclecounselingca.com) **or mail to *Pinnacle Counseling and Testing Center, Attn: Patient Accounts, 41856 Ivy St, Suite 205, Murrieta, CA 92562 Phone#: 951-396-5701***