

Dear Parents,

The application for the 2012-2013 school year at the Carmen B. Pingree Center for Children with Autism is available and included with this letter. Two forms are included:

FORM A: A financial assistance application;

FORM B: An application for those paying the full cost of tuition.

Use FORM B

- If your child is in 7th grade or above; scholarships are no longer available, however, you may still apply for the Carson Smith Scholarship through The Utah State Office of Education and/or for Medicaid.
- If your AGI is at or above the maximum level of the funding matrix (\$115K).

Please complete *only* the form that applies to your family.

Tuition for the 2012-2013 year is \$29, 00.00. APPLICATIONS MUST BE RECEIVED IN OUR OFFICE PRIOR TO OR NO LATER THAN 3:00 p.m. WEDNESDAY JANUARY 4, 2012 APPLICATIONS POSTMARKED PRIOR TO JANUARY 4, 2012 BUT NOT RECEIVED WILL NOT BE CONSIDERED FOR PLACEMENT.

If you are mailing your application, please mail to:

Dawn Armstrong
The Pingree Center
780 South Guardsman Way
SLC, UT 84108

No child will be considered without a COMPLETE application. Children who are currently enrolled at the Pingree Center must fill out a new application for the upcoming school year. Incomplete applications will also not be considered. This includes those that do not have a tax return.

IF YOUR CHILD IS CURRENTLY ENROLLED IN THE PINGREE CENTER AND HAS A PAST DUE BALANCE FOR TUITION OR OTHER SCHOOL RELATED FEES, THEIR APPLICATION WILL NOT BE CONSIDERED.

If your child is not currently enrolled in the program, it is highly recommended that you include with your application a copy of your child's most recent IEP as well as any other diagnostic reports that you may have. Additionally, you may want to include a cover letter outlining why you would like your child to change from his/her current placement to our center.

The Selection Committee will be reviewing applications beginning mid January 2012. Notification of acceptance as well as the corresponding non refundable deposit will be mailed to families beginning in January or February 2012.

If you have questions regarding the application process, please feel free to contact me at (801)581-0194.

Sincerely,

Dawn Armstrong, B.S.
Program Manager
Assistant Unit Manager

Valley Mental Health
 Carmen B. Pingree Center for Children with Autism
 Application for Placement and Financial Assistance Application
 2012-2013 School Year

FORM A

PLEASE BE SURE THAT ALL OF THE FOLLOWING ARE PREPARED:

1. _____ That this form is completed in its entirety
2. _____ To attach a **copy** of your most recently filed federal tax return
3. _____ To attach **copies** of payroll check stubs for the previous three months
4. _____ To provide an explanation of special circumstances for your family that may not be reflected in the above information
5. _____ That signatures are completed in all areas

Student Name:	Student's Date of Birth:
Student's grade for 2012-2013:	Current School and District:
1. Parent/Guardian Name:	2. Parent/Guardian Name:
Home Address:	Home Address:
City, Zip:	City, Zip:
Marital Status:	Marital Status:
Employer:	Employer:
Home Phone: Work Phone:	Home Phone: Work Phone:
How many dependents do you have?	How many dependents do you have?

Please answer the following questions. Circle when necessary.		
* Has your child previously been approved by the Utah State Office of Education to Receive Carson Smith Special Needs Scholarship Funds?	YES	NO
If NO, are you planning on applying for the Carson Smith Special Needs Scholarship Funds	YES	NO
* Will you/your family be applying for this tuition reduction for more than one year?	YES	NO
* Is your child currently on Medicaid	YES	NO
If No, have you previously applied for Medicaid	YES	NO
* Do you have any other sources (family, clergy, church) that may be willing to assist in the tuition payment.	YES	NO
If yes, how much do you feel they could contribute yr/monthly? _____		
* Have you ever filed for bankruptcy? If yes, please list the year(s)	YES	NO
* How much do you feel you are able to pay each month? \$ _____		

Carmen B. Pingree Center for Children with Autism

Application for Placement and Agreement to Pay with **NO Financial Assistance/ for 7th grade and above or Adjusted Gross Income over \$115,000.00 and above.**

2012-2013 School Year

PLEASE BE SURE THAT ALL OF THE FOLLOWING ARE PREPARED:

1. _____ That this form is completed in its entirety
2. _____ To attach a copy of your most recently filed federal tax return
3. _____ To attach copies of payroll check stubs for the previous three months
4. _____ That signatures are completed in all areas

Student Name:	Student's Date of Birth:
Student's grade for 2011-2012:	Current School and District:
Parent/Guardian Name:	Parent/Guardian Name:
Home Address:	Home Address:
City, Zip:	City, Zip:
Marital Status:	Marital Status:
Employer:	Employer:
Home Phone: Work Phone:	Home Phone: Work Phone:
How many dependents do you have?	How many dependents do you have?

* Has your child previously been approved by the Utah State Office of Education to receive Carson Smith Special Needs Scholarship Funds?	YES	NO
If NO, are you planning on applying for the Carson Smith Special Needs Scholarship Funds	YES	NO

Have you every filed for bankruptcy? _____yes _____no Year: 19____ 20____

I/We agree to pay a full tuition for the 2012-2013 school year, if my/our child is accepted into the VMH Carmen B Pingree Center for Children with Autism. I/We additionally agree to provide the listed information above at the time of application. Furthermore, I/We authorize any required verification, including a credit bureau report. **I/We understand that if this information is determined to be false or deceptive, such a determination will result in denial of services and I/we will be liable for payment of charges for services rendered. I/We understand that some services provided may qualify for health insurance reimbursement and will be billed to my/our insurance plan. I/We further understand that the reimbursement received will be deducted from my obligation.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Complete and attach to appropriate form

Specific MONTHLY Income Information			
	1 Parent/Guardian		2 Parent/Guardian
Wages (before deductions)			
Pensions			
Social Security Income			
Alimony/Child Support			
Dividends/Interest/Insurance			
Rental Income			
Estates and Trusts Income			
Public Assistance/Welfare			
Workers Compensation/ Disability			
Food Stamps			
Other			
Total:			
ASSETS			
Cash/Checking	\$	Investments	\$
Savings	\$	Stocks/Bonds	\$
Other	\$		
<p>Are there any extenuating circumstances that should be taken into account in determining potential financial assistance? You may attach an additional letter if you would like.</p>			
Application Agreement			
<p>I hereby state that the information given herein is true and complete. I authorize any required verification, including a credit bureau report. I understand that if this information is determined to be false or deceptive, such a determination will result in denial of uncompensated services and I will be liable of payment of charges for all services rendered.</p>			
<p>_____</p> <p>Signature of Parent/Guardian</p>		<p>_____</p> <p>Date</p>	

Signature of Parent/Guardian

Date