

Take Control: Building Financial Security Application



Please complete and scan/email or fax this application to The Arc Kent County
patt@arckent.org or 616-459-5299

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ (home)

_____ (cell)

EMAIL: _____

Do you have a child who has been diagnosed with an intellectual and/or developmental disability who is 18 years old or younger? Yes No

Please indicate which of the following represents your family's size and total income:

- For a family of 2: up to \$48,060
- For a family of 3: up to \$60,480
- For a family of 4: up to \$72,900
- For a family of 5: up to \$85,320
- None of the above apply

Are you able to commit 12-15 hours to the financial education sessions?

- Yes, I am able to commit to those hours
- No, but I am interested in the topic
- Maybe, I need to discuss some scheduling/personal conflicts

Preferred day(s) of the week to attend the training (Please check all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Preferred time of day to attend training:

- Morning (9-11 am)
- Afternoon (12-5 pm)
- Evening (5-9 pm)