

## Rider Support Fund Application

Name of rider \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

### Financial Information

#### Income

- Below \$19,000
- \$19,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$55,999
- \$56,000-\$69,999
- \$70,000+

#### # in family

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alimony/Maintenance

Savings

Social Security

VA Benefits

Medicaid

Unemployment Insurance

Child Support

Spousal Support

Wages

Welfare

Pension/Retirement

General Assistance

Insurance Benefits

DSHS Respite Care/DDD\*

Disability Payments

Other

Employment Status of Rider/Parent/Guardian: \_\_\_\_\_

List Name, Address, and Phone of Applicant/Parent/Guardian if different from above:

\_\_\_\_\_

\_\_\_\_\_

Other factors constituting financial hardship, which should be considered: \_\_\_\_\_

\_\_\_\_\_

Single Parent Family: Yes  No

Group Therapeutic Riding  or Hippotherapy

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_