



Memphis Speech and Hearing Center

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www.memphis.edu

The Memphis Speech and Hearing Center, Inc. Board of Directors has established a limited fund to assist clients with payment for clinical services that they cannot otherwise afford. In order to be considered, a client must complete and submit this form and the required financial documents to the Business Office.

Note: All sources of income must be included for consideration including a copy of your most recent income tax return. If you are not required to file a tax return, other proof of income must accompany this request.

Date: _____

Client's Name: _____

If client is a dependent, Parent/Guardian's name: _____

Address: _____
Street City State Zip Code Phone #

Employed by: _____ Title: _____

Married _____ Single _____ Widowed _____ Divorced _____

Spouse's Name: _____ Employer: _____

Are you a University of Memphis Student? Yes _____ No _____
Have you filed a tax return in the past 2 years? Yes _____ No _____
Does anyone claim you as a dependent? Yes _____ No _____
Have you filed a previous CAP application? Yes _____ No _____

CONFIDENTIAL INFORMATION

Gross income for previous year (all sources of income including your spouse) \$ _____

Number of dependent children in your household _____

Extraordinary medical expenses of a recurring nature: _____
\$ _____ (annually)

Other extraordinary expenses of recurring nature: _____
\$ _____ (annually)

I understand that approval of this assistance does not release me from the obligation to pay the remaining charges when due.

Signature

Date