



**Central Coast Doula Association**  
P.O. Box 3502 Santa Barbara, CA 93130 (805) 202-3001 www.centralcoastdoulas.com

## **Application for Financial Aid for Doula Services for Doula-Supported Birth Program**

The Central Coast Doula Association (CCDA) will provide financial aid to help Santa Barbara County residents participate in the Program of Doula-Supported Births.

Specifically, this financial aid program provides assistance to low income families, single mothers (parents), teen mothers, families from at-risk populations and full time students who are not currently able to pay market rate for doula services, but who benefit from the service of a CCDA affiliated doula.

To be eligible for a scholarship, an applicant must meet one or more of the following criteria:

- Total household income of \$30,000 or less
- Single mother (parent)
- Teenage mother
- Family from at-risk population
- Full time student

### **Central Coast Doula Association Application for Financial Aid for Doula Services**

Applicant Name: \_\_\_\_\_

Applicant Age: \_\_\_\_\_ Estimated Due Date: \_\_\_\_\_

Parent/Guardian (if minor under age 18): \_\_\_\_\_

Marital Status: (Circle one) Single Married/Life Partner Separated Divorced

Spouse/Life Partner/Sig Other: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ ( Street/city/ zip )

Email: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

Applicant Employer (include address): \_\_\_\_\_

Spouse/Life Partner/Sig Other Employer: (include address) \_\_\_\_\_

Total Gross Household Income: \_\_\_\_\_

Number and ages of children in your family: \_\_\_\_\_

If you are accepted to the program, can you pay the \$50.00 fee for services? Yes \_\_\_ No \_\_\_

### **CONSENT TO EXCHANGE INFORMATION**

I understand that additional information may be required to adequately serve myself/my family, to coordinate services with other agencies, and to verify eligibility for services. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to provide or coordinate these services. I certify that all of the information I have supplied is true and correct. I permit the Central Coast Doula Association Board to verify the information on this application. I also acknowledge that the completion and submittal of this application does not guarantee that I will be granted financial aid from the Central Coast Doula Association.

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent Signature (if applicant is under 18 year of age): \_\_\_\_\_

Date: \_\_\_\_\_

Please write a **short essay** on why you want to apply for financial assistance for doula services through the **Doula-Supported Births Program**, funded by the **James Bower Foundation**. Please include the kind of services you are interested in, how having a doula will benefit you, your partner and your family, and why you should receive financial assistance in order to participate in this program.

### **Central Coast Doula Association Tax ID #: 20-3740902**

*The main purposes of the Central Coast Doula Association are: to provide a strong communication link among practicing doulas, the childbearing public, maternity caregivers and others interested in learning more about labor and postpartum support; and to facilitate continuing education and training for its members.*