



Financial Aid Application

Child's Name: _____ Date: _____

Application Completed By: _____

Relationship to child: _____

Please read the following guidelines before submitting this application. Applications that do not meet these guidelines will not be considered

- Attach a copy of your most recent federal tax return (including children, income, and expenses)
- If you are exempt from filing taxes, attach any and all documents showing ALL annual income (e.g., social security, child support, unemployment)
- Signatures from all parent(s)/legal guardian(s) must be included

Client Information			
Client Name (First, M.I, Last):			Nickname:
Date of Birth:	Sex:	Social Security #:	
Child lives with:	Primary language:	Race/Ethnicity:	
Address:			
Primary Diagnosis:			
Other Diagnoses:			

Parent/Guardian (A) Information:		
Name (First, M.I., Last):		
Date of birth:	Sex/Gender:	Preferred Name:
Race/Ethnicity:	Relationship to Client:	If Legal guardian, indicate relationship to client:
Street Address:		
Email:		Primary Language:
Home Phone:	Cell Phone:	Work Phone:
Employment/Profession:		
Education level:		

Parent/Guardian (B) Information:		
Name (First, M.I., Last):		
Date of birth:	Sex/Gender:	Preferred Name:
Race/Ethnicity:	Relationship to Client:	If Legal guardian, indicate relationship to client:
Street Address:		
Email:		Primary Language:
Home Phone:	Cell Phone:	Work Phone:
Employment/Profession:		
Education level:		

Legal Information
Has the court system ever been involved in custody decisions? If yes, please explain when and why.
Who is the legal guarding or the child?

Please explain any unique or atypical family expenses or financial circumstances that may alter the information found on your tax return (e.g. recent unemployment, death, etc.)

Event/Situation	Date(s)

Financial Information

List any family member currently receiving assistance from any governmental agency (e.g., DSS, DHHS, CAP, public housing assistance, food stamps, unemployment, social security) not reflected on your tax return.

Source of Support	Person Receiving Support	Average Monthly Amount	Comments

Additional Information	
Have you ever previously applied for an Aces for Autism financial aid?	Have you ever received an Aces for Autism financial aid?
Have you ever received services through Aces for Autism? If so, indicate service(s) and date(s).	Are you currently receiving services through Aces for Autism? If so, indicate service(s) and start date.

Service(s) Request

Indicate by placing a check beside any/all programs for which you would like to be considered for financial aid.

Hourly Services			
	Intensive 1:1 Therapy		Facilitated Peer Play
	Family Sessions		Parent Education Services

Statement of Need

Provide a statement of need/explanation of why your family should be considered for financial aid. Please write in the space below or attach a typed statement.

By signing below, you agree that the information reported on this application and attached document(s) are accurate and complete to the best of your knowledge. You authorize Aces for Autism and its representatives to copy, review, and verify all information provided.

Signature Parent/Guardian (A)

Date

Signature Parent/Guardian (B)

Date