



### Els for Autism® Financial Aid Request Form

Participants Name: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Does the child have a diagnosis of autism spectrum disorder (ASD)?

2. If the child does not have a diagnosis, is the child currently on a waiting list to receive a diagnostic evaluation? Yes      No

3. Does the child demonstrate behavioral challenges? Yes      No

If yes, please provide details. \_\_\_\_\_

4. How many individuals live in the family's home? \_\_\_\_\_

5. What is the total gross income of all members of the family household? \$ \_\_\_\_\_

6. Does the child have a sibling or other family member living in the home with ASD?

7. Has the child received scholarship funding from the Foundation in the past? Yes      No

If yes, please provide details. \_\_\_\_\_

8. Does the child currently receive any therapies? If yes, please provide the number of hours of therapy the child receives each week. Yes      No

b. List type of therapy received:

- ABA Therapy\_\_\_
- Speech-Language Therapy\_\_\_
- Occupational Therapy\_\_\_
- Music Therapy\_\_\_
- Mental Health Counseling\_\_\_
- Other\_\_\_

# of hours: \_\_\_\_\_

10. Does one parent or caregiver agree to provide a 1:1 companion during group program at Els for Autism requiring independent participation in a 1 provider to 3 student (1:3) ratio?

Yes      No

11. Does the client have insurance that includes coverage for therapeutic interventions (e.g., Applied Behavior Analysis- ABA Therapy), Speech-Language Therapy, etc.)? Yes      No

If yes, please list the name of the insurance company \_\_\_\_\_

In the space provided below please write a small statement declaring why you need this Financial Aid Assistance.

Please select the program(s) that you are interested in:

Spring Break Camp \_\_\_\_\_ Summer Camp\_\_\_\_\_

Recreation Programs (e.g., Sports, Fitness, Reach & Teach through the arts) \_\_\_\_\_

RUBI Parent Training\_\_\_\_\_ SIA Together \_\_\_\_\_ Other\_\_\_\_\_

What level of financial assistance are you requesting? (Please indicate a percentage)

By submission of this form, I acknowledge I am current client of Els for Autism Foundation ® and I have read, agree to, and accept the Terms and conditions provided to me.

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Print Caregiver/ Legal Guardian Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Print Caregiver/Legal Guardian Signature: \_\_\_\_\_

### **Terms and Conditions of Els for Autism Financial Aid Requests**

Through the generous donations of local and national supporters, Els for Autism is pleased to provide financial aid opportunities to families of clients with autism spectrum disorder for select programs and services.

1. Financial aid is available for Els for Autism families and clients demonstrating financial need.
2. Partial or full financial aid may be awarded.
3. All financial aid requests will be handled in a confidential manner.
4. To be eligible, a client MUST have a confirmed diagnosis of autism spectrum disorder.
5. Award is limited to one financial aid, per client with autism, per program. A second child with autism in the same family may be eligible for a separate financial aid award. For example, a family may be awarded 50% financial aid for one 4-week session of group music therapy and a 50% scholarship for group golf lessons.
6. Els for Autism reserves the right to verify all information contained on the financial aid request form and to request additional information.
7. Applicant must state annual household gross income on financial aid request form. Income reported may be subject to verification by W-2, payroll stub, or federal income tax returns.
8. Certain actions by Applicant may result in loss of a financial aid award, including but not limited to, excessive tardiness, unapproved cancellation or unexcused absence from scheduled sessions, lack of cooperation, behavior that is deemed inappropriate, continually disruptive, hazardous, or unsafe.
9. To apply for financial aid, please complete the Financial Aid Request Form.