KNOWAutism
A Foundation for Children with Autism

Autism Diagnostic Assistance Program

The Autism Diagnostic Assistance Program provides scholarships for diagnostic testing to financially disadvantaged families with children between the ages of 18 months and 10 years old. We will provide financial assistance ranging from $500 - $750 per child to help pay for the cost of diagnostic testing for Autism Spectrum Disorder. Awards are one time only. The exact award amount is based on demonstrated financial need and available funds.

Eligible Applicants:

The family must demonstrate a need for financial assistance and provide relevant information for the committee to review. The individual being tested must be at least 18 months of age and not older than 10 years of age.

Review Process:

The Program Committee reviews applications on a rolling basis and selects a limited number of applicants to receive financial support scholarships. A member of the committee may contact you to request additional information or documentation if needed. All applications and documentation provided remain confidential during the review process. If you are selected to receive a financial support scholarship, a committee member will contact you at the e-mail or phone number provided on your application.

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AUTISM DIAGNOSTIC ASSISTANCE PROGRAM APPLICATION

Full Name (Parent/Guardian): _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____

E-Mail: _____

Date of Application: _____

Child Information

Child's Full Name: _____

Date of Birth: _____ Social Security #: _____

Briefly describe the child and why you are seeking a clinical evaluation for Autism Spectrum Disorder (ASD). Please include any information that you believe would be helpful for our consideration.

_____

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Testing Center/Clinic Information

Facility Name: _____

Address: _____

City _____ State _____ Zip _____

Contact Person: _____

Phone: _____ E-mail: _____

Diagnostic Testing Fees (Total): _____

Your Out-of-Pocket Responsibility: _____

Financial Hardship

Describe your particular financial situation and why you are seeking financial assistance.

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Financial Information

Gross Annual Income: _____ Number of Dependents: _____

Additional sources of financial support (Social Security, Medicaid, other grants, etc.):

_____

_____

_____

Is there anything else you would like for us to know?

_____

_____

_____

Signature

By signing this form, you certify that all answers provided are true and complete to the best of your knowledge.

Signature: _____ **Date:** _____

Name (Print): _____

Submission Instructions

Please fill out completely, sign, and return to:

KNOWAutism Foundation
Attn: Tuition Assistance Program
6430 Richmond Avenue, Suite 410
Houston, TX 77057

Completed applications may also be e-mailed to:

Kim Levy
E-mail: info@know-autism.org