Autism Delaware
Financial Assistance Application

Thank you for your interest in financial assistance from Autism Delaware.

Here's how it works:
-Submit this application for financial assistance at least 3 weeks prior to start of the program.
-You will be notified within 7 business days if the application is approved.
-If approved, you will receive a code that will apply the financial assistance to the program fee.

If you have any questions about financial assistance, please call **Louise Doe** at 302-224-6020

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Participant Name

First Name   Last Name

Date Of Birth

Parent Name

First Name   Last Name

Address

Street Address

Address Line 2

City   State   Zip Code

E-mail   Phone Number

Program

Indicate the Program that you wish to apply for assistance to attend.

Social Groups

PEERS Social Skills Group

Recreation Event

Other

Other Funding Availability

Some Autism Delaware programs may be paid for through respite funding.

Please indicate if you receive respite funds from any of the following agencies.

DDDS (Division of Developmental Disability Services)

Easterseals

Other

Proof of Annual Gross Household Income

Gross income is the total amount of revenue before taxes or other deductions. Proof of income must be attached.

Source of Income   **Gross Income**

Number of Household Occupants
This number includes the participant, parents, other children and step children. Include all family members living in the household who are dependent on the income recorded for the household.

Attestation of Responsibility
I understand that I must to report any and all changes in my income and/or changes in household size because this has a direct bearing on determining my financial eligibility for assistance. I also attest that all information provided here is true to the best of my knowledge.

Signature of Parent/Guardian   **Date**

Please submit this form to Louise.Doe@delautism.org. By submitting this form, you agree to the terms listed above.