

Family Assistance Application

Updated February 2022

Blessed Be Hope For Three, Inc. is a 501(c)3 nonprofit organization whose mission is to reach one child, one family, one community by creating awareness and providing support to families living with autism spectrum disorder. Through our Family Assistance Program, we offer financial aid to families in the Fort Bend area for assessment, treatments, therapies, services, and supports that may not otherwise be covered by insurance.

Applications are accepted by Hope For Three throughout the year. **Applicants may be awarded up to \$5,000 ANNUALLY.**

Funding is only paid to an approved service provider, treatment facility, assessor, or supplier. Hope For Three's Board of Directors Family Assistance Committee will have final authority on each financial award.

The applicant receiving assistance agrees to repay monies received if any services paid by Hope For Three Family Assistance Program are reimbursed by another funding source, such as an insurance company.

To be considered for financial assistance from Hope For Three, applicants must fill out this application and provide supporting documentation. Below is a breakdown of each page:

1. Signed and dated Acknowledgement of application
2. Family Assistance Basic Applicant(s) Information
3. Applicant Diagnostic and Treatment History
 - Provide initial diagnosis, evaluation and goals, and current evaluation and goals
4. Reasons for Financial Assistance
5. Personal Finances
6. Additional Documents
 - Provide Proof of Fort Bend County Residency
 - Service provider quote/breakdown requested funding on letterhead
 - Copy of previous years' tax return
 - Letter(s) of recommendation here
7. Signed and dated Privacy Policy

Applications are only accepted through Jotform portal to ensure HIPAA compliant regulations.

Please contact us via email at contact@hopeforthree.org or call 281-245-0640 if you have any further questions.

Please sign and date below to acknowledge that you have read and understand the application process set forth by Hope For Three.

Family Assistance Basic Applicant Information

Demographic, Applicant, Guardian, and Dependent/Sibling Information

Demographic Information

Please fill out to the best of your ability.

Caregiver/Parent Ethnicity, please check all that apply:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
-

Applicant Ethnicity, please check all that apply: *

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
-

Highest level of education in Household:

- Some High School
- High School
- Some College
- Bachelor's Degree
- Master's Degree
- Ph.D. or higher
- Trade School

City of Applicant within Fort Bend County:

Previous locations of residence (if recently moved to Fort Bend County):

Current type of residence:

- Single family home
- Apartment
- Townhome
- Multi-family home
- Condominium
- Other

Religion Practiced:

- Catholicism
- Christianity
- Judaism
- Islam
- Buddhism
- Hinduism
- Other

Languages spoken at home:

- English
- Spanish
- Portuguese
- French
- Mandarin
- Arabic
- Other

Has anyone in your household served in the military?

- Yes and is current
- Yes previously
- no

Applicant Information

Families with multiples should list one child as "Applicant" and additional applicants under

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"Dependent/Sibling Information" below. If you are applying for more than one individual, please fill out the appropriate boxes.

How many individuals will you be applying for?

Applicant 1 Name *

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First Name Last Name

Applicant 1 Date of Birth *

			
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Month Day Year

Applicant 1 Gender: *

Applicant 2 Name *

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First Name Last Name

Applicant 2 Date of Birth *

			
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Month Day Year

Applicant 2 Gender: *

Applicant 3 Name *

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First Name Last Name

Applicant 3 Date of Birth *

			
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Month Day Year

Applicant 3 Gender: *

Applicant(s) Address

How many total individuals, including applicant(s), live in

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

the household? *

Are there additional individuals in the household that are diagnosed with autism spectrum disorder?

Please provide the name of the applicant(s) school: *

Parent/Guardian Information

Please provide all necessary information for the applicant(s) legal guardian.

How many legal guardians/parents does the applicant have?

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Guardian #1

First Name

Last Name

Guardian #1 Gender

Guardian #1 Marital Status

Guardian #1 Relationship to Applicant:

Ex: "mother"

Guardian #1 Phone

Please enter a valid phone number.

Guardian #1 Email

Guardian #2

Guardian #2 Gender

Guardian #2 Marital Status

First Name

Last Name

Guardian #2 Relationship to Applicant:

Ex: "mother"

Guardian #2 Phone

Please enter a valid phone number.

Guardian #2 Email

Guardian #3

First Name

Last Name

Guardian #3 Gender

Guardian #3 Marital Status

Guardian #3 Relationship to Applicant:

Ex: "mother"

Guardian #3 Phone

Please enter a valid phone number.

Guardian #3 Email

Guardian #4

First Name

Last Name

Guardian #4 Gender

Gender #4 Marital Status

Guardian #4 Relationship to Applicant:

Guardian #4 Phone

Guardian #4 Email

Ex: "mother"

Please enter a valid phone number.

Dependent/Sibling Information

Please provide the following information regarding applicant dependent/sibling information.

How many total dependents are in the applicant household?

Dependent 1

First Name

Last Name

Dependent 1 Gender

Dependent 1 Relationship to applicant

Does Dependent 1 have an Autism Spectrum Disorder Diagnosis?

Dependent 2

First Name

Last Name

Dependent 2 Gender

Dependent 2 Relationship to applicant

Does Dependent 2 have an Autism Spectrum Disorder Diagnosis?

Dependent 3

First Name

Last Name

Dependent 3 Gender

Dependent 3 Relationship to applicant

Does Dependent 3 have an Autism Spectrum Disorder Diagnosis?

Dependent 4 Gender

Dependent 4

First Name

Last Name

Dependent 4 Relationship to applicant

Does Dependent 4 have an Autism Spectrum Disorder Diagnosis?

Dependent 5

First Name

Last Name

Dependent 5 Gender

Gender 5 Relationship to applicant

Does Dependent 5 have an Autism Spectrum Disorder Diagnosis?

Applicant Diagnostic and Treatment History

This form authorizes the use and/or release of the protected health information as noted below for the Hope for Three, Inc., review process. I give Hope For Three, Inc., permission to verify treatment information by contacting the service provider(s) directly. Please sign and date below:

Signature and Date

Please select all of the treatments the applicant has currently or previously participated in. If current treatment, please provide proof of initial prescription, proof of initial evaluation results and assessment goals, and more recent evaluation results and assessment goals.

	Which applicant?	Current service?	hrs/week?	Who is your Service Provider?	Are you paying out of pocket?	If so, How much/month?
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Physical
Therapy**

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**Applied
Behavioral
Analysis**

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Special Diets

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**Biomedical
Testing**

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**Biomedical
Interventions**

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**Social Skills
Groups**

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**Auditory
Integration
Therapy**

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Respite

--	--	--	--	--	--

Other

--	--	--	--	--	--

Requested Services

Please use the following table to calculate the needed funds for the service you are requesting. As a reminder, the overall requested total cannot be more than \$5,000/year. Please complete one table/applicant

The Following is an example on how to fill out the table:

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service					

1

Service

2

Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. It cannot be more than \$5,000/yr for each applicant.

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Applicant 1

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. It cannot be more than \$5,000/yr for each applicant.

Applicant 2

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. It cannot be more than \$5,000/yr for each applicant.

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Applicant 3

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. It cannot be more than \$5,000/yr for each applicant.

Additional Funding Sources

Below is a list of funding sources. Please identify which sources currently or have previously funded applicant treatment. Please include grants or scholarship awards, if applicable

	Company Name	Contact Number	Contact Person (First and Last)	Treatments covered
Private/Health Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regional Center	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School District	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use the following page to describe the specific details for your request for assistance:

Personal Finances

Current Financial Income and Expenses

Grantors who provide funding to Hope For Three often request information regarding our applicant's

...income and expenses to determine a family's financial status. This information is confidential and used by the Family Assistance Director to advocate for your child(ren)'s application based on the information provided. In addition to your income tax statement or other proof of income, please provide the following information:

Please specify Asset sources

- Stocks
- Bonds
- Savings
- Investments
- Interest Bearing Accounts
-

What is the total value of your assets? (\$)

ex: 23

What is the status of your home investment?

- I own my home
- I rent my home
- Other

Enter your household average expenses for the following items. Do not include expenses that are deducted from paychecks.

	Payment
House/Rent	<input type="text"/>
Payments/Other Real Property	<input type="text"/>
Automobile	<input type="text"/>
Gas/Auto Maintenance	<input type="text"/>
Cell phone(s)/landline	<input type="text"/>
Groceries/household supplies	<input type="text"/>
Utilities	<input type="text"/>
Out of pocket medical care	<input type="text"/>
Out of pocket dental care	<input type="text"/>

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Auto Insurance

Life Insurance

Medical/dental insurance

Child care

Child support

Credit cards

Other charitable donations

Student loans

Recreation/entertainment

Clothing

Savings

Other

Other

Other

Payment

Additional Documents

Please ensure the following documents are included and submitted with your application. If you do not provide required documents on the checklist, your application will be declined until all documentation is received

- Proof of Fort Bend County Residency
- Proof of diagnosis for each applicants
- Most recent evaluation and goals for current AND past services
- Initial prescription for all requested services
- Initial evaluation and goals for all requested services
- Provider quote on company letterhead

Copy of previous year's tax return

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Letter(s) of recommendation (optional)

Privacy and Terms of Use Policy

Blessed Be Hope For Three, Inc. respects your rights of privacy. Your privacy is very important to us. The information received by Hope For Three is used solely to determine awarding financial assistance. We will not sell or share your personal information with any person, group, or organization other than a representative of our agency.

Please be advised that your story, name, and photos may be used for marketing purposes and by signing below, you authorize Blessed Be Hope For Three, Inc. to do so.

Although the agency has taken reasonable precautions to ensure viruses are not present in any electronic correspondence, the company cannot accept responsibility for any loss or damage arising from the use of electronic communications. Although we make every effort to be secure, Blessed Be Hope For Three, Inc. cannot guarantee the security of personal information or other information in any form. Please do not provide or allow others to provide personal information about anyone unless you, on your own behalf or on behalf, of anyone whose information you provide, are authorized to do so.

Personal information should be truthful and accurate. Any attempt to provide false information will result in the withdrawal of your application and it will be removed from consideration for any assistance from Blessed Be Hope For Three, Inc. in the future. If assistance is awarded based on false information, it may result in legal action against the individual submitting the application. Submission of all personal information constitutes an agreement with the Hope For Three Privacy and Terms of Use Policy.

Applicant agrees to indemnify, defend, and hold harmless Hope For Three from and against any and all losses, damage, liability, and cost of every nature incurred by them in connection with any claim, damage, or loss related to, or arising out of, any assistance or services provided, or any alleged breach by you of these terms. Applicant agrees to cooperate fully in the sense of the foregoing. From time to time, Blessed Be Hope For Three, Inc. may amend the Privacy and Terms of Use Policy. In doing so, all amendments shall be effective immediately. Please check website for updates.

To the full extent allowed by law, you agree that Blessed Be Hope For Three, Inc. will not be liable to you or anyone else for any special, consequential, incidental or punitive damages, damages for lost profits, loss of privacy or security, loss of reputation, failure to meet any duty (including, but not limited to the duty of good faith or lack of negligence or of workmanlike effort), or for any other similar damages whatsoever that arise out of, or related to, any aspect of the application and personal information disclosed.

Blessed Be Hope For Three, Inc. does not discriminate against race, gender, or religion.

With your signature below, you agree to the Privacy and Terms Use Policy and give Blessed Be Hope For Three, Inc. permission to contact all related service providers as listed on this application.

Please sign and date below:
