



Quick Assist 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, and 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 \$500 ANNUALLY and will be reviewed within two weeks of submission.**

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

If you need assistance for personal finances, please visit www.modestneeds.org to seek assistance with daily living expenses in emergency situations.

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, you must fill out this application in full. Below is a breakdown of each page:

- Signed and dated Acknowledgement of application
- Family Assistance Basic Applicant Information
- Applicant Diagnostic and Treatment History
 - Upload initial prescription, initial evaluation and goals, and current evaluation and goals here
- Reasons for Financial Assistance
- Personal Finances
- Additional Documents
 - Upload Proof of Fort Bend County Residency, Provider quote for requested funding, copy of previous years' tax return, and letter(s) of recommendation here
- Signed and dated Privacy Policy

If you are unable to upload documents to this online application, please download an application from our website at <https://www.hopeforthree.org>. Applications may be emailed, mailed, or hand-delivered to:

HOPE FOR THREE, 4771 Sweetwater Blvd., #358, Sugar Land, TX 77479

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

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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 information, Applicant information, Guardian information, and Dependent/Sibling Information.

Demographic Information

This will provide the organization with valuable information that may help us identify if certain family characteristics may be linked to certain needs. Please fill out to the best of your ability.

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

Applicant 1 Name *

First Name Last Name

Applicant 1 Date of Birth *



Month Day Year

Applicant 1 Gender: *

Applicant 2 Name *

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

First Name Last Name

Applicant 2 Date of Birth *

| | | | |
|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
|----------------------|----------------------|----------------------|---|

Month Day Year

Applicant 2 Gender: *

Applicant 3 Name *

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

First Name Last Name

Applicant 3 Date of Birth *

| | | | |
|----------------------|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |  |
|----------------------|----------------------|----------------------|---|

Month Day Year

Applicant 3 Gender: *

Applicant(s) Address

Street Address

Street Address Line 2

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

City State / Province

Postal / Zip Code

How many total individuals live in the household, including applicant? *

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

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

Guardian Information

Please provide all necessary information for any applicant guardian.

How many Guardians does the applicant have?

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

First Name

Last Name

Guardian #2 Gender

Guardian #2 Marital Status

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:

Ex: "mother"

Guardian #4 Phone

Please enter a valid phone number.

Guardian #4 Email

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 review process. I give Hope For Three 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. PLEASE CHECK WHICH ONES YOU ARE REQUESTING QUICK ASSIST SERVICE FOR

| | Current service? | Who is your Service Provider? | Service Provider number? | Are you paying out of pocket? |
|-----------------------------|--------------------------|-------------------------------|--------------------------|-------------------------------|
| Speech Therapy | <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"/> |
| Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Applied Behavioral Analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Diets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biomedical Testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biomedical interventions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|-------------------------------------|--|--|--|--|
| Social Skills Groups | | | | |
| Auditory Integration Therapy | | | | |
| Respite | | | | |
| Other | | | | |

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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 | | | | |
| Regional Center | | | | |
| School District | | | | |
| County | | | | |
| Other | | | | |

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 will only be used by the Family Assistance Director to advocate for your child(ren)'s application based on the information provided for consideration. 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 style="width: 100%; height: 25px;" type="text"/> |
| Payments/Other Real Property | <input style="width: 100%; height: 25px;" type="text"/> |
| Automobile | <input style="width: 100%; height: 25px;" type="text"/> |
| Gas/Auto Maintenance | <input style="width: 100%; height: 25px;" type="text"/> |
| Cell phone(s)/landline | <input style="width: 100%; height: 25px;" type="text"/> |
| Groceries/household supplies | <input style="width: 100%; height: 25px;" type="text"/> |
| Utilities | <input style="width: 100%; height: 25px;" type="text"/> |
| Out of pocket medical care | <input style="width: 100%; height: 25px;" type="text"/> |
| Out of pocket dental care | <input style="width: 100%; height: 25px;" type="text"/> |
| Auto Insurance | <input style="width: 100%; height: 25px;" type="text"/> |
| Life Insurance | <input style="width: 100%; height: 25px;" type="text"/> |

Payment

Medical/dental insurance

Child care

Child support

Credit cards

Other charitable donations

Student loans

Recreation/entertainment

Clothing

Savings

Other

Other

Other

Additional Documents

Please make sure that the following documents are submitted along with your applications. If you do not have all required documents attached, your application may be declined until proper documentation is provided.

- Proof of Fort Bend County Residency (refer to pg. 2)
- Proof of diagnosis for all applicants (refer to pg. 3)
- Most recent evaluation and goals for current AND past services (refer to pg. 6)
- Initial prescription for all requested services (refer to pg. 6)
- Copy of previous year's tax return (refer to pg. 9)
- Letter(s) of recommendation (not required)

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 Hope For Three 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 email and any attachments. Although we make every effort to be secure, Hope For Three 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 Hope For Three 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, Hope For Three 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 Hope For Three 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.

Hope For Three 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:
