



AFA Academy - Steamboat Lane  
265 Steamboat Lane  
Ballwin, MO 63011; 636-227-2330

AFA Academy - Clayton Road  
15834 Clayton Road  
Ellisville, MO 63011; 636-227-2339

# **FINANCIAL ASSISTANCE APPLICATION FORM**

## **PLEASE NOTE THE FOLLOWING APPLICATION GUIDELINES**

- a. Applications must be on behalf of a specific child aged birth through 21 years at the time of the application who is living in the United States.
- b. Financial Assistance is provided for a child attending AFA ACADEMY and receiving therapies and/or services through AFA ACADEMY.
- c. Funding is available only for families of a child affected by autism spectrum disorder or other neurodevelopmental disorders and must be for services and therapies deemed to benefit that child.
- d. Please complete a separate application for each child.
- e. All financial information pertains to the parent(s)/guardian(s) of the child.
- f. The form must be signed by the parent(s) or legal guardian(s) of the child you are applying on behalf of.
- g. Supporting documentation, as noted on page 4 of this application, must be provided at the time of submission, even if you have applied for funding before.

### **1. Applicant Details** (information on the child services are requested for)

Child's Name: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Diagnosis(es): \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_  
Diagnosed By: \_\_\_\_\_  
Current School: \_\_\_\_\_

### **2. Family Information** (information on parent(s)/guardian(s) of the above child)

Mother's Name: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
Mother's Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Father's Address: \_\_\_\_\_  
Father's Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Marital Status:     Married/Cohabiting     Single Parent     Widowed     Divorced/Separated  
How did you learn about AFA ACADEMY: \_\_\_\_\_

**3. Assistance and Therapy/Services Requested**

Program Requested: \_\_\_\_\_

To Attend (days/week): \_\_\_\_\_

Therapy/Services Needed: \_\_\_\_\_

Frequency of Therapies: \_\_\_\_\_

\*\*\* If child is currently attending another facility or school, please complete the information below.

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Attending Since: \_\_\_\_\_

Facility Tuition: \_\_\_\_\_

Therapy/Services Received: \_\_\_\_\_

Frequency of Therapies: \_\_\_\_\_

**4. Financial Information**

**4.1 Parent/Guardian Financial Status**

(Please Circle)

Total GROSS Earnings of Parents/Guardians: \$ \_\_\_\_\_ Per Week/Month/Year

Other Income: Benefits: \$ \_\_\_\_\_ Per Week/Month/Year

Child Support/Alimony: \$ \_\_\_\_\_ Per Week/Month/Year

Pension: \$ \_\_\_\_\_ Per Week/Month/Year

Disability: \$ \_\_\_\_\_ Per Week/Month/Year

Maintenance: \$ \_\_\_\_\_ Per Week/Month/Year

SSI/SSD: \$ \_\_\_\_\_ Per Week/Month/Year

Other: \$ \_\_\_\_\_ Per Week/Month/Year

**4.2 Parent/Guardian Employer Information**

Father/Guardian 1 Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother/Guardian 2 Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**4.3 Parent/Guardian Financial Commitments**

EXPENSES FOR	AMOUNT/FREQUENCY	PAID TO	DURATION (Months/Years)	OTHER NOTES
Mortgage/Rent	\$ /			
Utilities	\$ /			
Automobile Payment(s)	\$ /			
Auto Insurance	\$ /			
Medical (out of pocket)	\$ /			
Schooling/Tuition(s)	\$ /			
Credit Card:	\$ /			
Credit Card:	\$ /			
Credit Card:	\$ /			
Other:	\$ /			
Other:	\$ /			
Other:	\$ /			
Other:	\$ /			

Please explain any special circumstances pertaining to your financial situation, either temporary or long-term (i.e. medical bills, job loss, layoffs, etc.):

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Other Dependants: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
 \_\_\_\_\_ Birth Date: \_\_\_\_\_ Special Needs: \_\_\_\_\_  
 \_\_\_\_\_ Birth Date: \_\_\_\_\_ Special Needs: \_\_\_\_\_

**5. Other Information**

What benefits would attending AFA ACADEMY bring to your child and/or your family:

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What other facilities/centers/school(s) has your child attended and therapies has your child received, and what were the results achieved:

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What time & day would be best to meet with the Financial Assistance Committee of AFA ACADEMY to discuss your child’s needs and assistance availability for your family:

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Please include any comments or other information you wish to share below:

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I hereby confirm that I have provided within this form all requested information to the best of my knowledge. I understand that failure to disclose full details or falsifying information could invalidate my application and allow for further legal action by AFA ACADEMY.

Name (printed): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include the following mandatory documents:

- A copy of the front and back of Page One of IRS Form 1040, along with copies of all W-2's and any 1099 Form(s).
- A copy of the Physician's Letter(s) specifying child's diagnosis(es), along with details of any therapies/services recommended/prescribed by the Physician(s).
- Information on Insurance Provider(s) if you would like AFA ACADEMY to submit billings for Therapies/Services to your Insurance (not covered by any Financial Assistance awarded).

Please return your completed application, along with the necessary attachments, to:

AFA ACADEMY – ATTENTION: FA Department  
265 Steamboat Lane  
Ballwin, MO 63011

Once your application has been received and reviewed, you will be contacted. Thank you for your interest in AFA ACADEMY.

\*\*\* AFA ACADEMY does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, veteran status, ancestry, or national or ethnic origin in the administration of its funding.

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**AFA ACADEMY USE ONLY**

Date Received: \_\_\_\_\_

Via: \_\_\_\_\_ Review: \_\_\_\_\_ Contact: \_\_\_\_\_

Interview Info: \_\_\_\_\_

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

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