Brayden's Gift
YOU COULD BE THE VOICE

Application

Date of Application: _____

Parent/Guardian: _____

Relationship to Applicant (Child): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

E-mail Address: _____

Applicant (Child) Information:

Name: _____

Date of Birth: _____

Current Autism Spectrum/Asperger's Diagnosis: _____

Proof of Diagnosis Attached _____

Date of Diagnosis (Month/Year) _____

Name of Diagnostician/Physician _____

Description of Story: Please be thorough and detailed about your current family situation.

(Ex. Family Situation, Hardships, Financial Needs) _____

_____

Provide a Narrative Description of Family/Applicant's Needs. _____

_____

What therapies are you in? _____

_____

What needs are being met for those therapies? _____

_____

Household Information:

Please list ALL family members of the Applicant including parent(s) and dependents.

Name Include parents, siblings, and other dependents (it is not necessary to include applicant)	**Age**	**Relationship to applicant**	**ASD/Asperger's Diagnosis** (yes/no)

Parent Information:

Does child live with both parents, mother, father, other: _____

Are both parent(s) employed? If not, which parent is employed (father, mother, other)?

_____

Are parent(s) active military? If so, which parent(s) is/are active military? _____

Which branch/branches of service? _____

Income Information:

❑ Please provide the family's last 2 years tax returns.

Please list any untaxed income for last year (any income not included on W-2, including alimony).

_____

Has there been any substantial changes to your current income as of last year? If yes, please explain.

_____

Applying for (Check all that apply):

❑ Ipad
❑ Software for Ipad
❑ Tuition
❑ Child Care
❑ Supplies
❑ Travel
❑ Other _____

Have there been any significant expenses for the Applicant not covered by insurance or forgone treatments because they are not covered by insurance? If yes, please explain. _____

_____

_____

By signing this Application you are confirming that you were completely truthful.

Printed Name (parent or guardian) _____

Date _____

Signature _____

Brayden's Gift will use the information that you provide to evaluate your request of assistance and determine our ability to provide assistance. We will not share your information with a 3rd party outside of the organization other than as necessary to evaluate our request for assistance.

Non-Discrimination Policy
Brayden's Gift does not and shall not discriminate on the basis of race, color, religion, and gender, gender expression, age, national origin, disability, marital status, or sexual orientation, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services.

Please complete the form and mail to:
Brayden's Gift
P.O. Box 51182
Amarillo, Tx 79159
Please call 806-570-3022 or email shay@braydensgift.org with questions.