

Autism Diagnostic Assistance Program

The Autism Diagnostic Assistance Program provides scholarships for diagnostic testing to financially disadvantaged families with children between the ages of 12 months and 14 years of age. We will provide financial assistance ranging from \$500 - \$1,500 per child to help pay for the cost of diagnostic testing for Autism Spectrum Disorder. Awards are one time only. The exact award amount is based on demonstrated financial need and available funds.

Eligible Applicants:

The family must demonstrate a need for financial assistance and provide relevant information for the committee to review. The individual being tested must be at least 12 months of age and not older than 14 years of age.

Review Process:

The Program Committee reviews applications on a rolling basis and selects a limited number of applicants to receive financial support scholarships. A member of the committee may contact you to request additional information or documentation if needed.

All applications and documentation provided remain confidential during the review process. If you are selected to receive a financial support scholarship, a committee member will contact you at the e-mail or mailing address provided on your application.

Award Acceptance Requirements:

If you are selected to receive assistance, you will receive an award letter and an acceptance agreement, which must be read, signed, and returned.

You will also need to provide a photo of the scholarship recipient and provide KNOWAutism with permission to use your child's first name and photographic likeness in its publications, social media, website, fundraising materials, and/or other media.

Recipients must also provide a thank you note or letter to KNOWAutism and its supporters who make this assistance possible.

All checks will be issued to the facility of your choice for your child's diagnostic testing, as indicated on your application and agreement.

Financial Information

Gross Annual Income: _____ **Number of Dependents:** _____

Please list any additional sources of financial support (including Social Security, Medicaid, health insurance, any grants or scholarships from other organizations, etc.):

Have you previously been awarded a grant from KNOWAutism? ____ Yes ____ No

If yes, list year(s) and award amount(s): _____

Is there anything else you would like for us to know?

Signature

By signing this form, you certify that all answers provided are true and complete to the best of your knowledge.

Signature: _____ **Date:** _____

Name (Print): _____

Submission Instructions

Please fill out completely, sign, and return to:

Completed applications may also be e-mailed to:

KNOWAutism Foundation
Attn: Diagnostic Assistance Program
6430 Richmond Avenue, Suite 410
Houston, TX 77057

Lauren Dawson
E-mail: info@know-autism.org