



KNOWAutism Foundation
Autism Diagnostic Assistance Program

The Autism Diagnostic Assistance Program offers assistance to financially disadvantaged families and their children that are 18 months and older. We will provide financial assistance up to \$500 per child to help pay for the cost of diagnostic testing. Awards are one time only.

Eligible Applicants:

--Individuals who seek autism diagnostic testing and families needing financial assistance

--Individual being tested is at least 18 month's old

Program Committee:

The Program Committee reviews applications on a monthly basis and selects a limited number of applicants to receive a financial support scholarship. The committee is made up of representatives from the autism community, professionals from different fields and our director. All applications are confidential during the review process.



Autism Diagnostic Assistance Program

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Testing Center/ Clinic

Testing

Center: _____ Address: _____

Contact Person: _____

Phone Number: _____

Date : _____

Student

Full Name: _____

Date of Birth: _____

Social Security Number: _____

Briefly describe the student and please include any information that you believe would be helpful to our consideration.



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Tuition Assistance Program

Financial Hardship

Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that lost was).

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

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

A signed application can be emailed
to: Judy Blake at
Email: judyblake@know-autism.org