

KNOWAutism Foundation **Autism Diagnostic Assistance Program**

The Autism Diagnostic Assistance Program offers assistance to financially disadvantaged families and their children that are 18 months – 10 years old. We will provide financial assistance ranging from \$500 - \$750 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 months old and not older than 10 year'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.



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Applicant Information – Parent/Guardian

Autism Diagnostic Assistance Program

Full Name: ___ __ Date:_____ First M.I. Last Address: Apartment/Unit # Street Address City State ZIP Code ____ Email___ Phone: Testing Center/Clinic Testing Address: Center: Contact Person: Phone Number: _____ Date: Child Full Name: _____ Date of Birth: Social Security Briefly describe the student and please include any information that you believe would be helpful for our consideration.



KNOWAutism Foundation

Tuition Assistance Program

judyblake@knowautism.org

Financial Hardship	
Describe your particular situation. Be sure to include what the costs were) or loss of income that you have	
Signatu	re
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: Tuition Assistance Program	
A signed application can be emailed to: Indy Blake at	