

# Together We Grow Foundation

## Assistance Program

“Together We Grow Foundation” is a small school-supporting nonprofit focused on helping kids with learning differences. Through our Assistance Program, we offer financial aid to families attending private schools for assessment, treatments, therapies, services, and support that may not otherwise be covered by insurance.

Applications are accepted by Together We Grow Foundation throughout the year.

Funding is only paid to an approved service provider, treatment facility, assessor, or supplier. Our board committee will have the final authority on each financial award.

The applicant receiving assistance agrees to repay monies received if any services paid by Together We Grow Foundation’s Assistance Program are reimbursed by another funding source, such as an insurance company.

To be considered for financial assistance from Together We Grow Foundation, your application must include the following:

- A completed, signed, and dated Assistance application. Incomplete applications will not be considered or returned.
- Documentation of diagnosis of Autism Spectrum Disorder or Social Communication Disorder.
- A copy of your previous year’s tax return.
- A financial quote from a service provider or facility on letterhead.

### **Assistance applications must be mailed or hand-delivered to:**

Together We Grow Foundation  
5801 New Territory Blvd  
Sugar Land, TX 77479

Please contact Mona Desai or call 832-457-2560 if you have further questions.

Please sign and date below to acknowledge that you have read and understand the application process set forth by Together We Grow Foundation.

**Parent/Caregiver Signature** \_\_\_ **Date** \_\_\_

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# Family Assistance Application

Families with multiples should list one child as "Applicant" and additional applicants under **Dependent/Sibling Information** below.

Today's Date: \_\_ Funding Year: \_\_ Total Amount Requested: \_\_\_\_\_

How did you hear about our Assistance Program? \_\_\_\_\_

Applicant's Name: \_\_\_ Applicant's DOB: \_\_\_ Gender (circle): Female / Male

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

City: \_\_ State: \_ Zip Code: \_\_\_\_\_

Guardian #1 Name: \_\_\_ Marital Status: \_ Relationship to Applicant: \_\_\_\_\_

Home Phone: \_ Cell Phone: \_ Work Phone: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Guardian #2 Name: \_\_\_ Marital Status: \_ Relationship to Applicant: \_\_\_\_\_

Home Phone: \_ Cell Phone: \_ Work Phone: \_\_\_\_\_

Email address(es): \_\_\_\_\_

## Dependent/Sibling Information

1. Name: \_\_\_ Age: \_ Relationship to Applicant: \_\_\_ Autism Spectrum Disorder Diagnosis (circle): Yes / No
2. Name: \_\_\_ Age: \_ Relationship to Applicant: \_\_\_ Autism Spectrum Disorder Diagnosis (circle): Yes / No
3. Name: \_\_\_ Age: \_ Relationship to Applicant: \_\_\_ Autism Spectrum Disorder Diagnosis (circle): Yes / No
4. Name: \_\_\_ Age: \_ Relationship to Applicant: \_\_\_ Autism Spectrum Disorder Diagnosis (circle): Yes / No

TOTAL NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_

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## History

This form authorizes the use and/or release of the protected health information as noted below for the Together We Grow Foundation review process. I give Together We Grow Foundation permission to verify treatment information by contacting the service provider(s) directly.

**Signature/Date:** \_\_\_\_\_

*Please note that History and Funding Source pages must be completed for each applicant. Additionally, proof of diagnosis must be provided.*

**Applicant Name:** \_\_\_\_

**Date of Birth:** \_

**Current Diagnosis:** \_\_\_\_

**Date of Diagnosis:** \_

**Diagnosed by (Name of Physician):** \_\_\_\_

**Name of Institution where Applicant was Diagnosed:** \_\_\_\_

**Phone Number:** \_

**Street Address:** \_

**City:** \_\_ **State:** \_ **Zip Code:** \_

### **Treatment**

*Please note that supporting documentation must be attached from each service provider.*

Type of Treatment	Treatment History (circle one)	Frequency (e.g., 2 hrs/ week)	Service Provider
Speech Therapy	Current / Past / Not Applicable		
Occupational Therapy	Current / Past / Not Applicable		
Physical Therapy	Current / Past / Not Applicable		
Applied Behavior Analysis	Current / Past / Not Applicable		
Special Diets	Current / Past / Not Applicable		
Biomedical Testing	Current / Past / Not Applicable		
Biomedical Intervention	Current / Past / Not Applicable		
Social Skills Groups	Current / Past / Not Applicable		
Auditory Integration Therapy	Current / Past / Not Applicable		

Type of Treatment	Treatment History (circle one)	Frequency (e.g., 2 hrs/ week)	Service Provider
Respite	Current / Past / Not Applicable		
Other (please explain)	Current / Past / Not Applicable		

## Funding Sources (Including grants or scholarship awards)

Complete all funding sources that apply and complete the requested information for each applicant.

### Private/Health Insurance

Insurance Company: \_\_\_ **Contact Person:** \_\_\_ **Phone Number:** \_

Treatments Covered: \_\_\_\_\_

### Regional Center

Regional Center: \_\_\_ **Contact Person:** \_\_\_ **Phone Number:** \_

Services Provided: \_\_\_\_\_

### School District

School District: \_\_\_ **Contact Person:** \_\_\_ **Phone Number:** \_

Services Provided: \_\_\_\_\_

### County

County: \_\_\_ **Contact Person:** \_\_\_ **Phone Number:** \_

Services Provided: \_\_\_\_\_

### Other

Describe: \_\_\_ **Contact Person:** \_\_\_ **Phone Number:** \_

Services Provided: \_\_\_\_\_

## Description of Request for Assistance

Please describe the specific details for your request for assistance. You may use the space below or attach a separate sheet. To assist in our review, you may also provide letters of recommendation from service providers, case workers, or other individuals familiar with your family situation. Letters of recommendation are optional and should be no more than one page in length. If you attach additional sheets, please place a check mark here.

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## Funding Information

*Please note that applicants who do not have the financial means to meet the gap between cost of service and Together We Grow Foundation's financial assistance award will not be considered.*

1. **Total amount of funding request:** \_\_\_
2. **What other sources will you apply to for assistance?**

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1. **Please attach quote(s)** from provider(s) on letterhead for projected cost of service(s).

**Please list the name(s) of service provider(s) or treatment facility where payments will be submitted.**

**Service Provider:** \_\_\_  
**Contact Name:** \_\_\_ **Email:** \_\_\_  
**Address:** \_\_\_ **City:** \_\_\_ **State:** \_\_\_ **Zip Code:** \_\_\_  
**Phone Number:** \_\_\_ **Website:** \_\_\_\_\_

**Service Provider:** \_\_\_  
**Contact Name:** \_\_\_ **Email:** \_\_\_  
**Address:** \_\_\_ **City:** \_\_\_ **State:** \_\_\_ **Zip Code:** \_\_\_  
**Phone Number:** \_\_\_ **Website:** \_\_\_\_\_

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## Income and Expenses

Grantors who provide funding to Together We Grow Foundation often request information regarding our applicant's income and expenses to determine a family's financial status. This information is confidential and will only be used by the Assistance Coordinator to advocate for your child(ren)'s application based on the information provided for consideration. In addition to your income tax statement or other proof of income, please provide the following information:

### Monthly Income

#### Income for Parent #1

Source:  Employment  Retirement Benefits  Other

Gross \$ \_ Net \$ \_

**Income for Parent #2**

Source:  Employment  Retirement Benefits  Other

Gross \$ \_ **Net \$ \_**

**All Other Household Income**

Source:  Employment  Retirement Benefits  Other

Gross \$ \_ **Net \$ \_**

**TOTAL \$ \_\_\_**

**Assets**

Specify Sources (Stocks, Bonds, Savings, Investments, Interest-Bearing Accounts, etc.) Value \$ \_\_\_

Do you:  own your home  rent  other?

**Household Expenses**

Enter your household average expenses for the following items. Do not include expenses that are deducted from paychecks.

House/Rent Payments \$ \_

**Payments/Other Real Property \$ \_**

Automobile Payments \$ \_

**Gas and Auto Maintenance \$ \_**

Cell Phone(s) and/or Landline \$ \_

**Groceries/Household Supplies \$ \_**

Utilities \$ \_

**Medical care (not covered by insurance) \$ \_**

Dental care (not covered by insurance) \$ \_

**Auto Insurance \$ \_**

Life Insurance \$ \_

**Medical and Dental Insurance \$ \_**

Child Care \$ \_

**Child Support Payments \$ \_**

Credit Cards \$ \_

**Other Charitable Donations \$ \_**

Student Loans \$ \_

**Recreation/Entertainment \$ \_**

Clothing \$ \_

**Other \$ \_**

Other \$ \_

**Other \$ \_**

**TOTAL EXPENSES \$ \_\_\_**

## Privacy and Terms of Use Policy

"Together We Grow Foundation" respects your rights of privacy. Your privacy is very important to us. The information received by Together We Grow Foundation will be used solely to determine awarding financial assistance. We will not sell or share your personal information with any person, group, or organization other than a representative of our agency.

Please be advised that your story, name, and photos may be used for marketing purposes and by signing below, you authorize Together We Grow Foundation to do so.

Although the agency has taken reasonable precautions to ensure viruses are not present in any electronic correspondence, the company cannot accept responsibility for any loss or damage arising from the use of email and any attachments. Although we make every effort to be secure, Together We Grow Foundation cannot guarantee the security of personal information or other information in any form. Please do not provide or allow others to provide personal information about anyone unless you, on your own behalf or on behalf of anyone whose information you provide, are authorized to do so.

Personal information should be truthful and accurate. Any attempt to provide false information will result in the withdrawal of your application and it will be removed from consideration for any assistance from Together We Grow Foundation in the future. If assistance is awarded based on false information, it may result in legal action against the person nominating the child(ren). Submission of all personal information constitutes an agreement with the Together We Grow Foundation Privacy and Terms of Use Policy.

Applicant agrees to indemnify, defend, and hold harmless Together We Grow Foundation from and against any and all losses, damage, liability, and cost of every nature incurred by them in connection with any claim, damage, or loss related to, or arising out of, any assistance or services provided, or any alleged breach by you of these terms. Applicant agrees to cooperate fully in the sense of the foregoing. From time to time, Together We Grow Foundation may amend the Privacy and Terms of Use Policy. In doing so, all amendments shall be effective immediately. Please check the website for updates.

To the full extent allowed by law, you agree that Together We Grow Foundation will not be liable to you or anyone else for any special, consequential, incidental or punitive damages, damages for lost profits, loss of privacy or security, loss of reputation, failure to meet any duty (including, but not limited to the duty of good faith or lack of negligence or of workmanlike effort), or for any other similar damages whatsoever that arise out of, or related to, any aspect of the application and personal information disclosed.

Together We Grow Foundation does not discriminate against race, gender, or religion.

With your signature below, you agree to the Privacy and Terms of Use Policy and give Together We Grow Foundation permission to contact all related service providers as listed on this application.

**Signature of Parent or Legal Guardian of Applicant** \_\_\_\_

**Date** \_\_\_\_

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## Family Assistance Check List

Please use this check list to ensure all information is included and completed with your application.

- Application completed, signed, and dated
- Proof of diagnosis (documentation from physician, school, or provider)
- Description of request for assistance
- Supporting documentation (i.e., quote(s) from service provider(s) on letterhead)
- Letters of recommendation (optional)
- Copy of previous year's tax return
- Signed Privacy and Terms of Use Policy

**Notes:**

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