



GENTRY
FOUNDATION
FOR AUTISM

Dear Parents,

The Gentry Foundation for Autism offers financial assistance to children who have no health insurance or who have benefits through Arizona state insurance (AHCCCS). It is supported by The Gentry Foundation through generous community charitable contributions.

Qualifications are based on the family's annual income, lack of private insurance and age of child (under 5 years of age). Please complete the enclosed application indicating why you think your child may be at-risk for Autism and in need of an Autism evaluation. Applications cannot be processed without verification of at least 2 months' current income, or proof of AHCCCS coverage. This could be copies of 2 months of paystubs or bank statements. If submitting bank statements please highlight the payroll deposits. If both parents are employed please include information for each.

Please return your application and verification of income in the enclosed return envelope. You can also fax your application as well to Dr. Joseph Gentry at 602-314-4175. Please allow 3-4 weeks for processing and approval. Your application will be reviewed by the Scholarship Committee and we will contact you with their determination.

Sincerely,

Joseph Gentry, Ph.D., BCBA-D
Psychologist
Ph: 602-312-2911
Joe@gentrypbs.com

Sarah Gentry, M.Ed., BCBA
Board Certified Behavior Analyst
Ph: 602-295-2415
Sarah@gentrypbs.com

The Gentry Foundation for Autism Evaluation Application

Child's Name: _____ Date of Birth: _____ Date of Request: _____

Parents' Names: _____

Address: _____

Contact Phone Number: _____ Contact Email: _____

AZIEP Coordinator Name (if applicable): _____ Phone: _____

Is your child in any kind of developmental preschool program? Yes No Where? _____

Has your child had any previous developmental evaluations? Yes No Where? _____

Is your child on a waitlist for a diagnostic evaluation? Yes No Where? _____

Who referred you to this foundation/application? _____

Reason for application:

- No insurance
- Low Income (AHCCCS/Medicaid/HUD)

Symptoms/Concerns (Why do you think your child needs an evaluation?):

Is there a family history of Autism Spectrum Disorder, or a sibling who has a diagnosis already?

Any other information you would like to share as to why your family needs this scholarship?

Please return this application and verification of income by providing ONE of the following:

1. Proof of current AHCCCS/Medicaid/HUD enrollment
2. Copies of 2 months' pay stubs.
3. Copies of 2 months' bank statements for employees with payroll direct deposit—please highlight/circle payroll deposits.

*If both parents are employed, please include information for each.

Annual gross income information required—please itemize:

\$ _____ Gross annual wages for past year	\$ _____ Alimony/child support
\$ _____ Pension	\$ _____ Military pay
\$ _____ Unemployment benefits	\$ _____ Social Security income
\$ _____ Investment income	\$ _____ Trust income
\$ _____ Other	
Total yearly household gross income: \$ _____	
Current savings account balance: \$ _____	
Number of family members in the home? _____	

By signing below, I certify all information is true and correct to the best of my knowledge.

Parent's Signature

Date

If chosen for a scholarship, do you give permission to The Gentry Foundation to collect basic information about the results of the evaluation to track the effectiveness of this charitable service?

Yes No

I agree to allow The Gentry Foundation to collect basic information about the diagnosis given from the evaluation received from this scholarship (i.e., did the child end up with an autism diagnosis, age at diagnosis, length of time on waitlist prior to scholarship, date of evaluation, etc).

Parent's Signature

Date