

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?):

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

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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