



# Family Assistance Online Re-Application Form

Updated February 2022

**Blessed Be “Hope For Three”, Inc.** is a 501(c)3 nonprofit organization whose mission is to reach one child, one family, and one community by creating awareness and providing support to families living with autism spectrum disorder. Through our Family Assistance Program, we offer financial aid to families in the Fort Bend area for assessment, treatments, therapies, services, and supports that may not otherwise be covered by insurance.

Applications are accepted by Hope For Three throughout the year. **Applicants may be awarded up to \$5,000 ANNUALLY. Re-application funding is based on:**

1. Funding awards from previous applications
2. Time between previous application and re-application form
  1. If the re-application is completed after the annual period has passed, applicant may be eligible for an award of up to \$5,000 again.

Funding is only paid to an approved service provider, treatment facility, assessor, or supplier. Hope For Three’s Family Assistance Committee will have final authority on

each financial award.

The applicant receiving assistance agrees to repay monies received if any services paid by Hope For Three Family Assistance Program are reimbursed by another funding source, such as an insurance company.

To be considered for financial assistance from Hope For Three, you must fill out this application in full. Below is a breakdown of each page:

1. Signed and dated Acknowledgement of re-application form
2. Family Assitant Basic Applicant Information
3. Update to Applicant services
  1. Provide most current evaluation and goals here
4. Reasons for Financial Assistance
  1. Provide provider quote for each requested service on company letterhead here
5. Additional comments and documents
6. Signed and dated Privacy Policy


**Applications may be emailed, mailed, or hand-delivered to:**

HOPE FOR THREE, 4771 Sweetwater Blvd., #358, Sugar Land, TX 77479

Please contact us via email at [contact@hopeforthree.org](mailto:contact@hopeforthree.org) or call 281-245-0640 if you have any further questions.

Please sign below to acknowledge that you have read and understand the re-application process set forth by Hope For Three. \*

Sign Here



Parent/Caregiver signature

Clear

Please date below to acknowledge that you have read and understand the re-application process set forth by Hope For Three. \*

MM-DD-YYYY 

Date

## Family Assistance Basic Applicant Information

How many individuals will you be re-applying for?

Please fill out the following table for all applicants:

	First and Last Name	Date of Birth	Gender	Ethnicity
Applicant 1				
Applicant 2				
Applicant 3				

### Applicant(s) Primary Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How many individuals live in the house, including applicant(s):

Are there additional individuals diagnosed with ASD in the household?

Provide the name of the applicants school he/she is currently enrolled in:

Primary Caregiver \*

First Name

Last Name

**Caregiver Relationship to Applicant: \***

Ex: "mother"

**Caregiver Phone \***

Please enter a valid phone number.

**Caregiver Email \*****Caregiver Ethnicity, please check all that apply:**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other

**Has anyone in your household served in the military?**


- yes and is current
- yes previously
- no

## Update to Services

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This form authorizes the use and/or release of the protected health information as noted below for the Hope for Three review process. I give Hope For Three permission to verify treatment information by contacting the service provider(s) directly. \*

Sign Here



Clear

Date \*

MM-DD-YYYY 

Date

## Reasons for Financial Assistance

Services Requested, Description of Request for Assistance, and Funding Sources

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**The Following is an example on how to fill out the table:**

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service 1	Occupational Therapy	50	8 sessions/month	1 month	\$400
Service 2	ABA	30	36 sessions/week	4 weeks	\$4,320

**Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. It cannot be more than \$5,000/yr for each applicant.**

\$4,720
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**Applicant 1**

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service 1					
Service 2					
Service 3					
Service 4					

**Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. Remember, it cannot be more than \$5,000/yr. \***

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### Applicant 2

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service 1					
Service 2					
Service 3					
Service 4					

Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. Remember, it cannot be more than \$5,000/yr. \*

### Applicant 3

	Service for Requested Funding	\$/session	Sessions/week or month	Total weeks or months	Total funding request
Service 1					
Service 2					
Service 3					
Service 4					



Please add the prices in the "total" column and provide sum below. This will be the overall total funds you are requesting. Remember, it cannot be more than \$5,000/yr. \*

Please describe the specific details for your request for assistance:

Type here...

Below is a list of funding sources. Please identify which sources currently or have previously funded applicant treatment. Please include grants or scholarship awards, if applicable

	Company Name	Contact Number	Contact Person (First and Last)	Treatments covered
Private/Health Insurance				
Regional Center				
School District				
County				
Other				

Is your re-application form within a 12 month period of your previous application?

\*

## Additional Documentation

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Make sure you have added the following REQUIRED documents:

- Most current applicant evaluation and goals from service provider(s) you are requesting funding for
- Invoice from service provider(s) you are requesting funding for
- Copy of previous years tax return IF your re-application form has passed a year mark from the previous application date.

## Privacy and Terms of Use Policy

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Blessed Be Hope For Three, Inc. respects your rights of privacy. Your privacy is very important to us. The information received by Hope For Three is 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 Hope For Three 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, Hope For Three 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 Hope For Three in the future. If assistance is awarded based on false information, it may result in legal action against the individual submitting the application. Submission of all personal information constitutes an agreement with the Hope For Three Privacy and Terms of Use Policy.


Applicant agrees to indemnify, defend, and hold harmless Hope For Three 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, Hope For Three may amend the Privacy and Terms of Use Policy. In doing so, all amendments shall be effective immediately. Please check website for updates.

To the full extent allowed by law, you agree that Hope For Three 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.

Hope For Three does not discriminate against race, gender, or religion.

With your signature below, you agree to the Privacy and Terms Use Policy and give Blessed Be Hope For Three, Inc. permission to contact all related service providers as listed on this application.

Signature of Parent or Legal Guardian of Applicant \*

Sign Here 

Clear

Date \*

MM-DD-YYYY 

Date

Save

Submit

