



## APPLICATION FOR FINANCIAL ASSISTANCE

**Child's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST NAME FIRST NAME MONTH/DAY/YEAR

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
WORK: HOME:

Diagnosis: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST NAME FIRST NAME

Gross Income: \_\_\_\_\_

Marital Status:  Married  Divorced/separated  Common-law  Single  Widow

Spouse/Common-law: \_\_\_\_\_ Relationship: \_\_\_\_\_  
LAST NAME FIRST NAME

Gross Income: \_\_\_\_\_

**Household Members:** (List the name, age, relationship and gross income of all persons who permanently reside in your home.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gross Income: \_\_\_\_\_



**Request:** (On the lines below, please outline how you intend to use the funds granted or what materials/therapy's you are seeking to better assist your child's well-being.)

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### **RELEASE OF INFORMATION**

I agree that Tyler's Turn Autism Foundation (TTAF) may:

- Contact vendors/therapy providers, once funding has been approved for the equipment/service being requested in this application, for the purpose of facilitating grant payments.
- Use/publicly display the child's first name, grant amount, purpose of grant, for the purpose of raising awareness of Tyler's Turn Autism Foundation.
- Contact me for the following purposes:
  - To obtain feedback on the grant(s) I received from TTAF.
  - To advise me of new information or services that may be of interest to me.
  - To provide me with an opportunity to contribute to TTAF.
- Disclose any/all of the information in this application to such parties for the purposes set out above.

### **RELEASE AND WAIVER**

I hereby release and indemnify and save harmless, on behalf of myself and the child referenced in this application, Tyler's Turn Autism Foundation and any third parties referred to above from and against any and all expenses, claims, demands, liabilities, losses, costs, damages, actions, suits or other proceedings of any nature or kind, whomsoever sustained, brought or prosecuted in any manner whatsoever relating to this application or any funding resulting herefrom, including without limitation based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor in its fulfillment or utilization of the funds provided by Tyler's Turn Autism Foundation. Tyler's Turn Autism Foundation acts solely as a third party funder and as such has no role in: prescribing or recommending equipment; selecting a vendor/contractor; and the relationship between the parent and vendor/contractor. Payment from TTAF is not an acknowledgement that the work or equipment is or will be acceptable.

### **RELEASE AND WAIVER**

I \_\_\_\_\_ hereby agree to the above and acknowledge that I have read Tyler's Turn Autism Foundation's Guidelines for Financial Assistance. I certify that the information provided in this application is true, correct and complete to the best of my ability and that the equipment/service has not already been received.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_