
Family Scholarship Program Application – Other

Summary: This application is for families who meet the eligibility criteria and want to request a service from a private vendor such as an evaluation from a Speech Pathologist, Occupational Therapist or Legal assistance. Please present a complete proposal requesting funding, including cost breakdown.

Doe, Jane

Applicant Name (Last, First)

1234 Elm Street, Any Town, CA 90000

Home Address (Street, City, State, Zip)

(123) 555-0808

(123) 555-0101

janedoe@yahoo.net

Home Telephone

Business/Other Telephone

E-mail Address

CHILD INFORMATION: Do you have a child with autism spectrum disorder living with you? **Yes** - Age 5 No

Do you have MORE THAN ONE child with autism spectrum disorder living with you? Yes **No** (If yes, how many? Please also provide their ages and diagnosis.)

MARITAL STATUS: Are you married? Yes **No** Are you a single parent? **Yes** No

If you are a single parent, do you receive monthly child support? **Yes** No If yes, how much \$ 350.00

INCOME:

What is your combined household income? \$29,000

Do you receive state or federal assistance? Yes **No** If yes, how much per month \$ _____

INSURANCE:

Do you have health insurance for your family **Yes** Type: Thrifty HMO No

SERVICES:

What is the name of your School District : Any Town Unified School District

Do you receive services from your school district? **Yes** No From your regional center? **Yes** No

Have you filed for hearing against your school district for service issues: Yes **No** Early Start or Regional Center Services? Yes **No**

CURRENT FAMILY DEBT:

HOUSING: Own Home **Rent** Temporary Housing Monthly housing commitment \$ 1550.00

Do you have a 2nd mortgage on your home: Yes **No** Monthly housing commitment 2nd Mortgage \$ _____

Credit card debt: Number of credit cards your family has: 3 Current Balance \$ **\$5000.00**

Monthly Minimum Payments \$ 75.00

TACA Family Scholarship Program Application – (Rev A)

TACA MEMBERSHIP: Date of first TACA meeting Attended: _____ or Date you joined TACA on the web: 12/1/07

TACA ASSISTANCE:

Have you ever received assistance from the TACA before? If so, please note the amount, for what and when. **Yes**
No **Adopt A Family For the Holidays Program**

Type of services requested: ___ **Private Speech Evaluation**

Proposal SUMMARY:

ON SEPARATE SHEETS OF PAPER PLEASE PROVIDE THE FOLLOWING:

Please describe what is being requested and why. Be specific. For example – if you require a private Speech Evaluation to obtain services for your child, explain where you are in the IEP process and why you would need to pay out of pocket for a Speech Evaluation.

Please outline all of the current services your child is receiving and how they are being funded.

Please include a breakdown of the costs – What type of evaluation you are seeking and how much it will cost?

Please provide the contact information of the provider you have already contacted to perform the evaluation. (Remember, TACA cannot pay for services already completed, but we require that you have already chosen which provider you would use if the funding is granted)

All information submitted to TACA shall remain **confidential**. Please note that, pursuant to California and Federal Law requirements, TACA reserves the right to follow up to ensure any approved grant was actually used for its intended purpose.

I certify that the information on this form is true and complete to the best of my knowledge.

Applicant Signature

Date

**Please include the following with this application and mail to
TACA Family Scholarship Program, 3070 Bristol, Suite 340 Costa Mesa, CA 92626**

PROPOSAL SUMMARY

My name is Jane Doe and my son Johnny has just turned 5. He is the sweetest little boy ever and the apple of my eye. We are getting some respite from Early Start and until he turned 5 Johnny was part of a great Early Start Preschool that has been a big part of his progress. He starts kindergarten in the fall and this upcoming IEP will be important to set up services going forward. The kindergarten class is a special day class and most of the students in the classroom have an autism diagnosis. It seems like a good fit and the school district will be funding one hour a week of OT.

He has been receiving one- on-one, Non-Public agency speech therapy twice a week for the last year through Early Start and has made great strides. Now the school district claims that since his kindergarten placement in the fall is in a “language rich” environment that he doesn’t need the one-on-one speech therapy. I disagree, but I need to get an independent assessment to show that he still requires this service in order to access the curriculum during class and to continue to meet his speech goals. I have contacted Ellen Smith, Speech Language Pathologist, and she is willing to accept a third-party check from TACA should our application receive funding. Her charge for a private evaluation is \$550 which includes a report I can submit as part of our IEP and Speech specific goals for Johnny’s IEP. Here is her contact information:

**Ellen Smith
Speech Language Pathologist
567 Peach Street, Suite 100
Any Town, CA 90000
(123) 555-9999
ellensmithslp@yahoo.net**

I have also attached an estimate on her letterhead showing the charges for a private evaluation, report and IEP goals. That is the cost breakdown for this grant application.

My plan is to use this private evaluation at our IEP to continue the services that Johnny is getting and to make sure the Speech goals are included in his IEP so that we have a way to measure his progress.

TACA has already been such a great help to our family, I have learned so much that has already made a difference in Johnny’s life. I hope that TACA can help me with this – since I am a single mom and my ex-husband is also struggling financially we don’t have the extra to pay for this evaluation.

Family Scholarship Program Application

CHECKLIST

APPLICATION IS NOT COMPLETE WITHOUT THE FOLLOWING:

- Proof of diagnosis.
- Copy of current year to date pay stub for all household wage earners or most recent Tax Return.
- Date you became a TACA Member.
- Completed summary of current level of services and how they are being funded.
- Contact information for Vendor of choice.
- Cost breakdown.
- Explanation of Goals for this evaluation.