

TO HELP FAMILIES LIVING WITH AUTISM

2011 GRANT APPLICATION

**Mail completed application to:
CARLOS VIEIRA FOUNDATION
DIRECT HELP PROJECT**

257 E. Bellevue Road, PMB 5150
Atwater, CA 95301

Please completely review the following information before filling out this application. Please print clearly. Illegible applications cannot be considered. All personal information will remain private and confidential.

INFORMATION OF CHILD WHICH THE GRANT IS FOR:

Name: _____ Age: _____ Date of Birth: _____

Diagnosis of Disability: _____

MOTHER OR LEGAL GUARDIAN:

Name: _____ Relation to Child: _____

Marital Status: _____ Telephone: _____ Email: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

FATHER OR LEGAL GUARDIAN:

Name: _____ Relation to Child: _____

Marital Status: _____ Telephone: _____ Email: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

Name and ages of other dependent children:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

AMOUNT OF MONEY REQUESTING (Limit - \$500 maximum):

\$ _____

WHAT WILL THIS GRANT BE USED FOR?

*(Please be very specific with your description of monetary help or items needed for your child. At no time are funds transferred to families. All grants awarded are paid directly to the vendor or service provider to pay for tuition, supplements/medication, medical evaluation, learning materials, testing, therapies, etc.)

- 1. _____
_____ COST: \$ _____

Service provider, vendor or place to buy items: _____

- 2. _____
_____ COST: \$ _____

Service provider, vendor or place to buy items: _____

- 3. _____
_____ COST: \$ _____

Service provider, vendor or place to buy items: _____

Doctor(s) involved in child's treatment:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name of other agencies or services also contacted for funding:

*(Please indicate which have been contacted and total amount requested or received, if any)

Have you previously received funding from CVF? Yes _____ No _____

SUPPLEMENTAL SECURITY INCOME (SSI) \$ _____

Personal Statement of Income and Financial Status of Custodial Parents or Guardians

*(you must include amounts associated with the total household)

ASSETS

Checking Account \$ _____

Savings Account \$ _____

Real Estate \$ _____

Home Value \$ _____

Automobiles \$ _____

Personal Property \$ _____

Other Assets \$ _____

Total Assets: \$ _____

LIABILITIES

Monthly House Payment/Rent \$ _____

Other Monthly Bills/Loans \$ _____

Monthly Utilities \$ _____

Monthly Insurance \$ _____

Monthly Automobile Expenses \$ _____

Medical Bills Due \$ _____

Physician/Agency \$ _____

Total Liabilities: \$ _____

Combined sources of income:

*(Previous year's IRS return or other proof of income must be attached. You must include amounts associated with the total household)

INCOME TYPE

MONTHLY

ANNUAL

Salary: \$ _____ \$ _____

Bonuses and Commissions: \$ _____ \$ _____

Alimony/Child Support:	\$ _____	\$ _____
Real Estate Income:	\$ _____	\$ _____
All Other Income:	\$ _____	\$ _____
TOTAL INCOME:	\$ _____	\$ _____

(ALL OTHER INCOME includes Grants, Social Security, CRS, Medicaid, etc.)

Attach A Doctor's Letter:

*(We must have a letter from your child's physician which states the child's diagnosis and confirms your child has Autism or a note from your child's physician stating that further testing is recommended.)

The above information is freely given to expedite this grant request.

LIABILITY DISCLAIMER:

I hereby release, indemnify and hold harmless The Carlos Vieira Foundation for any injury or accident that may occur and I will assume all liability in connection with an injury (including any injury caused by negligence) that may occur with any of the awarded items associated with this Direct Grant program. By signing below I understand and agree to these conditions.

PARENTS/GUARDIANS:

*(All legal parents or guardians must sign below)

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Mail completed application, doctor's letter, and previous year's IRS return to the address shown on page 1.

PLEASE NOTE: We cannot accept phone calls asking if applications have been received. As soon as the process is complete we will contact you by mail whether you have been approved or not.

This application cannot be considered until this form is completed legibly, signed, and all supporting documents (including doctor's letter) are received. **The information included in this application will remain private and confidential and for CVF use only.**

Please keep a copy for your records.