

**Launch Academy, Inc.  
Family Assistance Program**

“Launch Academy, Inc.” is a small school educating kids with learning differences. Through our Family Assistance Program, we offer financial aid to families attending Launch Academy Inc for assessment, treatments, therapies, services, and support that may not otherwise be covered by insurance.

*Applications are accepted by Launch Academy throughout the year.*

Funding is only paid to an approved service provider, treatment facility, assessor, or supplier. Our board committee will have the final authority on each financial award.

The applicant receiving assistance agrees to repay monies received if any services paid by Launch Academy’s assistance Program are reimbursed by another funding source, such as an insurance company.

To be considered for financial assistance from Launch Academy, your application must include the following:

- A completed, signed, and dated Family Assistance application. Incomplete applications will not be considered or returned.
- Documentation of diagnosis of Autism Spectrum Disorder or Social Communication Disorder.
- A copy of your previous year’s tax return.
- A financial quote from a service provider or facility on letterhead.

Family Assistance applications must be mailed or hand-delivered to:

**Launch Academy  
5801 New Territory Blvd  
Sugar Land, TX. 77479**

Please contact Mrs. Dara Steinberg or call 832-457-2560 if you have further questions.

Please sign and date below to acknowledge that you have read and understand the application process set forth by Launch Academy.

Parent/Caregiver Signature Date \_\_\_\_\_

## Family Assistance Application

*Families with multiples should list one child as "Applicant" and additional applicants under "Dependent/Sibling Information" below.*

Today's Date:	Funding Year:	Total Amount Requested:
How did you hear about our Family Assistance Program?		
Applicant's Name:	Applicant's DOB:	Gender (please circle): Female Male
Home Address:		
City:	State:	Zip Code:
Guardian #1 Name:	Marital Status:	Relationship to Applicant:
Home Phone:	Cell Phone:	Work Phone:
Email address(es):		
Guardian #2 Name:	Marital Status:	Relationship to Applicant:
Home Phone:	Cell Phone:	Work Phone:
Email address(es):		

### Dependent/Sibling Information

Name:	Age:	Relationship to Applicant:	Autism Spectrum Disorder Diagnosis (please circle one): Yes No
Name:	Age:	Relationship to Applicant:	Autism Spectrum Disorder Diagnosis (please circle one): Yes No
Name:	Age:	Relationship to Applicant:	Autism Spectrum Disorder Diagnosis (please circle one): Yes No

Name:	Age:	Relationship to Applicant:	Autism Spectrum Disorder Diagnosis (please circle one): Yes No
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TOTAL NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_

3

### History

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

Signature/Date

Please note that History and Funding Source pages **must** be completed for each applicant. Additionally, proof of diagnosis **must** be provided.

Applicant Name:		Date of Birth:	
Current Diagnosis:		Date of Diagnosis:	
Diagnosed by (Name of Physician):			
Name of Institution where Applicant was Diagnosed:		Phone Number:	
Street Address:	City:	State:	Zip Code:

### Treatment

Please note that supporting documentation **must** be attached from each service provider.

Type of Treatment	Treatment History (please circle one)	Frequency (example: 2 hrs. per week)	Service Provider
Speech Therapy	Current Past Not Applicable		
Occupational Therapy	Current Past Not Applicable		
Physical Therapy	Current Past Not Applicable		
Applied Behavior Analysis	Current Past Not Applicable		

Special Diets	Current Past Not Applicable		
Biomedical Testing	Current Past Not Applicable		
Biomedical Intervention	Current Past Not Applicable		
Social Skills Groups	Current Past Not Applicable		
Auditory Integration Therapy	Current Past Not Applicable		
Respite	Current Past Not Applicable		
Other (please explain)	Current Past Not Applicable		

**Funding Sources**  
*(Including grants or scholarship awards)*

Complete all funding sources that apply and complete the requested information for **each** applicant.

<b>Private/Health Insurance</b>		
Insurance Company:	Contact Person:	Phone Number:
Treatments Covered:		

<b>Regional Center</b>		
Regional Center:	Contact Person:	Phone Number:
Services Provided:		

<b>School District</b>		
School District:	Contact Person:	Phone Number:

Services Provided:
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<b>County</b>		
County:	Contact Person:	Phone Number:
Services Provided:		

<b>Other</b>		
Describe:	Contact Person:	Phone Number:
Services Provided:		

**Description of Request for Assistance**

Please describe the specific details for your request for assistance. You may use the space below or attach a separate sheet. To assist in our review, you may also provide letters of recommendation from service providers, case workers, or other individuals familiar with your family situation. Letters of recommendation are optional and should be no more than one page in length. If you attach additional sheets, please place a check mark here. \_\_\_\_

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Blank lined paper with horizontal lines and short dashes on the left side.

**Funding Information**

*Please note that applicants who do not have the financial means to meet the gap between cost of service and Launch Academy's financial assistance award will not be considered.*

1. Total amount of funding request: \_\_\_\_\_

2. What other sources will you apply to for assistance?

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3. Please attach quote(s) from provider(s) on letterhead for projected cost of service(s).

Please list the name(s) of service provider(s) or treatment facility where payments will be submitted.

<b>Service Provider:</b>		
Contact Name:	Email:	
Address:		
City:	State:	Zip Code:
Phone Number:	Website:	
<b>Service Provider:</b>		
Contact Name:	Email:	

Address:		
City:	State:	Zip Code:
Phone Number:	Website:	

**Income and Expenses**

Grantors who provide funding to Launch Academy often request information regarding our applicant’s income and expenses to determine a family’s financial status. This information is confidential and will only be used by the Family Assistance Coordinator to advocate for your child(ren)’s application based on the information provided for consideration. In addition to your income tax statement or other proof of income, please provide the following information:

**MONTHLY INCOME**

Income for Parent #1 Source: ___ Employment ___ Retirement Benefits ___ Other	Gross \$	Net \$
Income for Parent #2 Source: ___ Employment ___ Retirement Benefits ___ Other	Gross \$	Net \$
All Other Household Income Source: ___ Employment ___ Retirement Benefits ___ Other	Gross \$	Net \$
<b>TOTAL</b>		

**ASSETS**

Specify Sources (Stocks, Bonds, Savings, Investments, Interest Bearing Accounts, etc.) Value \$\_\_\_\_\_ Do

you: \_\_\_ own your own home \_\_\_ rent \_\_\_ other?

**HOUSEHOLD EXPENSES**

Enter your household average expenses for the following items. Do not include expenses that are deducted from paychecks.

- House/Rent Payments \$ \_\_\_\_\_
- Payments/Other Real Property \$ \_\_\_\_\_
- Automobile Payments \$ \_\_\_\_\_
- Gas and Auto Maintenance \$ \_\_\_\_\_
- Cell Phone(s) and/or Landline \$ \_\_\_\_\_
- Groceries/Household Supplies \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Medical care (not covered by insurance) \$ \_\_\_\_\_



Dental care (not covered by insurance) \$ \_\_\_\_\_  
Auto Insurance \$ \_\_\_\_\_  
Life Insurance \$ \_\_\_\_\_  
Medical and Dental Insurance \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_  
Child Support Payments \$ \_\_\_\_\_  
Credit Cards \$ \_\_\_\_\_  
Other Charitable Donations \$ \_\_\_\_\_  
Student Loans \$ \_\_\_\_\_  
Recreation/Entertainment \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
**TOTAL EXPENSES \$ \_\_\_\_\_**

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### **Privacy and Terms of Use Policy**

“Launch Academy Inc.” respects your rights of privacy. Your privacy is very important to us. The information received by Launch Academy will be 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 Launch Academy 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, Launch Academy 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 Launch Academy in the future. If assistance is awarded based on false information, it may result in legal action against the person nominating the child(ren). Submission of all personal information constitutes an agreement with the Launch Academy Privacy and Terms of Use Policy.

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

To the full extent allowed by law, you agree that Launch Academy 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.

Launch Academy does not discriminate against race, gender, or religion.

***With your signature below, you agree to the Privacy and Terms Use Policy and give Launch Academy, Inc. permission to contact all related service providers as listed on this application.***

\_\_\_\_\_  
Parent or Legal Guardian of Applicant Date Signature of

### **Family Assistance Check List**

Please use this check list to ensure all information is included and completed with your application.

- \_\_\_ Application completed, signed, and dated
- \_\_\_ Proof of diagnosis (documentation from physician, school, or provider)
- \_\_\_ Description of request for assistance
- \_\_\_ Supporting documentation (i.e. quote(s) from service provider(s) on letterhead)
  
- \_\_\_ Letters of recommendation (optional)
- \_\_\_ Copy of previous year's tax return
- \_\_\_ Signed Privacy and Terms of Use Policy

Notes:

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