



The Brown Center for Autism
Sliding Fee Scale Application

Child's Name: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

DOB: _____

In order for your application to be eligible for consideration, please be certain to include all requested information.

Please list information for **all** members of the household (including **all** children)

Name	Date Of Birth	Relationship To Applicant	Gross Monthly Income	Source Of Income

Do you have Health Insurance? _____ If yes, Insurance Company: _____

Additional monthly income: \$ _____ Source of additional income: _____
(ie: alimony, child support, etc.)

If you pay child support for another child, please list how much: \$ _____ monthly
(If so, please provide a document confirming this, ie: Divorce Decree, Separation Agreement, Court Order)

Please attach the following, all of which will be returned to you:

A copy of your previous year's federal and state income tax return

Your last three pay stubs

Or if you are self-employed, please provide last three bank statements for all checking, savings, money market and other accounts

Home Location	Value of Home	Monthly Mortgage Payment

Vehicle Make	Model	Year	Monthly Payment

Does either parent have a physical or mental disability that would prevent them from being gainfully employed? _____
 (If so, please attach a letter from your Doctor)

I CERTIFY that the above answers are true & complete to the best of my knowledge. I authorize The Brown Center for Autism inc to investigate any statement contained in this application as necessary to determine my qualifications for the Sliding Fee Scale for which I am applying. I understand that this application is not & is not intended to be any kind of contract or agreement. Furthermore, I understand that any false or misleading information given in my application, correspondence or discussions may result in immediate disqualification for consideration in receiving Financial Aid from The Brown Center for Autism inc.

Signature: _____ **Date:** _____

Administrative Use Only

Qualification %:	Not Qualified:	Letter Mailed:
Evaluated by:	Date:	IRS Info Returned: