



Financial Aid Application for School and Supplemental Services

In order to ensure that your child's financial aid application is considered, please read the following guidelines carefully before completing the application:

- **Attach a copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for every member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service.**
- **If you are exempt from filing, based on IRS requirements, you must attach document(s) showing ALL annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), etc.] for every member of your household.**
- **If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.**
- **All parent(s)/legal guardian(s) must sign the signature line(s) on page 3.**

Client Information:

Last Name:		First Name:	
Date of Birth:	Sex/Gender:	Preferred Name:	
Diagnosis(es):			

Parent/Guardian/Legally and Financially Responsible Person Information:

Last Name:		First Name:	
Date of Birth:	Sex/Gender:	Relationship to Client:	
Street Address:			
City:	State:	Zip:	County:
Email Address:		Primary Language:	
Home Phone:	Cell Phone:	Business Phone:	
Are there any ethnic, cultural, and/or religious traditions, beliefs or values of which you would like us to be aware? YES / NO <i>If yes, please explain:</i>			
Is there any family responsibility structure of which you would like us to be aware? (e.g. financial decision making, disciplinary decision making, etc.) YES / NO <i>If yes, please explain:</i>			



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Does the client have any allergies including food, medication, environmental, etc. and/or dietary restrictions? **YES / NO**

Allergen/Restricted Item(s)	Effect(s)/Reaction(s)

Does the client have any medical conditions we should be aware of (e.g. seizures/epilepsy, asthma, diabetes, etc.)? **YES / NO**

Medical condition	Treatment/Response

Please list the client's favorites- including toys, activities, foods, characters, etc.:

Please list the client's dislikes/triggers:

Item/Activity/Other	His / Her Reaction(s)

Has the client ever (if past, please indicate age of onset):

Communication				Comments:
Babbled	NEVER	PAST	PRESENT	
Cried to communicate wants/needs	NEVER	PAST	PRESENT	
Pulled others to communicate wants/needs	NEVER	PAST	PRESENT	
Looked to others to communicate wants/needs	NEVER	PAST	PRESENT	
Pointed to communicate wants/needs	NEVER	PAST	PRESENT	
Used sign language	NEVER	PAST	PRESENT	
Used an augmented communication device	NEVER	PAST	PRESENT	
Made 1 word requests	NEVER	PAST	PRESENT	
Made 2-3 word requests	NEVER	PAST	PRESENT	
Made requests in sentences	NEVER	PAST	PRESENT	



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Asked questions	NEVER	PAST	PRESENT	
Answered questions	NEVER	PAST	PRESENT	
Conversational with adults	NEVER	PAST	PRESENT	
Conversational with peers	NEVER	PAST	PRESENT	
Repeated words over and over	NEVER	PAST	PRESENT	
Speech difficulties (i.e. hard to understand)	NEVER	PAST	PRESENT	
Talked, but doesn't anymore	NEVER	PAST	PRESENT	
Followed simple instructions	NEVER	PAST	PRESENT	
Followed complex instructions	NEVER	PAST	PRESENT	
Physical				Comments:
Lethargic/low energy	NEVER	PAST	PRESENT	
Hyper/overly energetic	NEVER	PAST	PRESENT	
Excessively noisy	NEVER	PAST	PRESENT	
Fleeting attention span	NEVER	PAST	PRESENT	
Required constant attention	NEVER	PAST	PRESENT	
Adaptive				Comments:
Had self-limited diet (due to food refusal)	NEVER	PAST	PRESENT	
Fed self finger foods	NEVER	PAST	PRESENT	
Fed self with utensils	NEVER	PAST	PRESENT	
Toilet trained on a schedule	NEVER	PAST	PRESENT	
Initiated toileting	NEVER	PAST	PRESENT	
Difficultly accepting "No"	NEVER	PAST	PRESENT	
Difficulty waiting	NEVER	PAST	PRESENT	
Problem Behavior				Comments:
Displayed stereotypic behavior(s) (e.g. hand flapping)	NEVER	PAST	PRESENT	
Cried, whined or pouted frequently	NEVER	PAST	PRESENT	
Irritable	NEVER	PAST	PRESENT	
Tantrumed frequently	NEVER	PAST	PRESENT	
Engaged in self-injurious behavior (e.g. head banging, hand biting, etc.)	NEVER	PAST	PRESENT	
Engaged in aggressive behavior (e.g. hits, pinches, bites others, etc.)	NEVER	PAST	PRESENT	
Engaged in destructive behaviors (e.g. hits/throws objects, tips furniture, etc.)	NEVER	PAST	PRESENT	
Engaged in elopement (e.g. run/dash away from caregivers in the community)	NEVER	PAST	PRESENT	
Wandered off	NEVER	PAST	PRESENT	



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Is there any other information you could provide that would help prepare ABC of NC staff for serving this client/family?

Parent / Guardian Printed Name

Parent / Guardian Signature

Date