

***Crossroads Autism Network Assistance Application***  
**PLEASE COMPLETE APPLICATION IN FULL and Email to**  
**[crossroadsautismnetwork@gmail.com](mailto:crossroadsautismnetwork@gmail.com)**

**To ensure prompt review of your application, please complete all sections and submit a photo of the applicant.**  
*This application is used strictly for the board of trustees to award financial assistance to help pay for riding therapy lessons, swim lessons and other services for families with Autism. All information is kept confidential and due to medical diagnosis, we will adhere to all HIPAA laws and regulations. We may request additional information if necessary to complete the process. You will be notified once application have been reviewed by the board of trustees at their meeting.*

**If multiple people in your family need assistance, please fill out a separate application per each family member!!!! Thank you.**

Applicant's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

School: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Family Size: (How many people in your immediate household) \_\_\_\_\_

Services Needed: \_\_\_\_\_ Riding \_\_\_\_\_ Swim \_\_\_\_\_ Other (Including  
Therapy Lessons Resources Therapy Items)

Diagnosis: \_\_\_\_\_

Is a Parent/Guardian Active Duty Military? Yes No

If yes, please provide information on Branch of Service, Years Active, Etc.... \_\_\_\_\_  
\_\_\_\_\_



**BOARD USE ONLY:**

Completed Application: \_\_\_\_\_ Received on \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Amount Designated via Check \$ \_\_\_\_\_ .00 made out to \_\_\_\_\_ for \_\_\_\_\_.

Board Members who attended, voted and approved this application. The review meeting was held on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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Printed Name

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