

Triangle Disability & Autism Services Financial Assistance Application

Participant Name:
Parent/Legal Guardian(s):

This Financial Assistance Application is to determine financial assistance eligibility.
If form is not fully completed, financial assistance will be automatically denied.
This includes all supporting documentation.

Number of persons living in the home including participant:	
Sources of Family Income (all adults and the participant):	Amount [Monthly]
Total Earnings from Work	
Total Unemployment Benefits	
Total SSI/SSDI Benefits	
Regular income from trusts/estates	
TOTAL	

Include with this form for all adults over 18, living in the home, including the participant.
 Check all that apply.

- Most recent W-2(s)
- All individuals bank statement(s) for the last 2 months
- If applicable: most recent SSI/SSDI statements
- If applicable: most recent trust statements

Once this information is received someone from Triangle Disability & Autism Services will contact you if we need more information and/or whether or not your family qualifies for financial assistance. **If information is not complete, financial assistance will not be considered.**

Print Name	Date
<input type="checkbox"/> Participant (own guardian) <input type="checkbox"/> Parent (under 18) <input type="checkbox"/> Legal Guardian (over 18)	
Signature	