



Tucson Alliance for Autism Financial Assistance Guidelines

The Tucson Alliance for Autism (TAFAs), a non-profit and tax-exempt charitable organization, understands the importance of early identification of Autism Spectrum Disorders (ASDs) and early intervention programs and actively supports these as part of the organization's mission. As such, TAFAs provides limited financial assistance for Autism Evaluations and programs to individuals with low income and/or financial hardships. These funds are provided through private and corporate donations, fundraisers, foundations and grants.

Policy:

TAFAs will provide services to all individuals without discrimination based on grounds of race, religion, sex, or national origin. Based on financial ability, the individual may receive a significant discount of services. All individuals will be expected to make a payment of at least 25% of the cost of services. Financial assistance will be awarded to applicants based upon the available resources of TAFAs.

Application Process:

A down payment of 10% of the cost of services (e.g., \$97.50 for an Autism Evaluation) is required with the submittal of the application. It should be noted on the appropriate application form whether financial assistance is requested. Your information is confidential and secured and is shared with only those who review and approve your application. The results of the financial assistance application will be available within 5 to 7 business days after it is submitted. We regret that incomplete applications and submissions without the down payment cannot be processed.

Eligibility:

1. Applicants must submit the completed financial assistance application forms and all requested information and documentation needed by TAFAs to evaluate the application, including written verification of all forms of income. Copies of the most recent year's tax return and two months pay stubs are required.
2. Assistance will be granted on the basis of demonstrated financial need. As a general rule, the following income criteria will be used as an initial assessment:
 - a. Individuals with income at or below 150% of the 2008 federal poverty level (e.g., \$31,800 for a family of four) will receive the maximum discount (75%) of services;
 - b. A discount of services (linear scale from 75% to 10% discount) will apply at income levels between 150% and 300% (\$63,600) of the 2008 federal poverty level;
3. In addition to income, financial assistance will also be determined through the amount of immediate dependents in the household, the total household income, and cost of living responsibility. The amount of financial assistance to the individual will be adjusted (up or down) based on these additional criteria.

Tucson Alliance for Autism Payment Selection Method and Guidelines

The Tucson Alliance for Autism (TAFAs) is committed to servicing the needs of all individuals who request an Autism Evaluation or other needed services by providing quality services at competitive pricing (e.g., \$975 for an Autism Evaluation). To address the needs of individuals with low income and/or financial hardship, TAFAs offers the options of limited financial assistance and payment plans. We regret that TAFAs cannot bill insurance companies directly for the individual; however, when requested, TAFAs will provide guidance literature and signed insurance forms to allow submission for reimbursement to an insurance company by the individual.

All individuals are expected to contribute to the payment of services, ranging from 25% of the cost of services (for those with full financial aid discount) to 100%. A minimum payment of 10% of the services (\$97.50 for an Autism Evaluation) is required as a down payment at the time of submission of the application. The balance will be required upon arriving on the day the services are to be performed. A minimum 3-day notice prior to the date of services must be provided if rescheduling is required.

Certification of 10% down payment:

- I have included payment in the form of a check or money order with my application;
- OR
- I have already paid TAFAs via credit card or other method.

Selection of Payment Method for remaining balance:

- I plan on paying the remaining balance** (\$877.50 for an Autism Evaluation) **at the time of services** via check, money order, or approved credit card (Visa/Mastercard);
- OR
- I would like to set up a Payment Plan for the remaining balance.**

Note: For a Payment Plan option, a representative from TAFAs will contact you following a review of your application (within 5-7 business days) to discuss a Payment Plan that fits into your budget. At a minimum, an additional 15% of the cost of services (\$146.50 for an Autism Evaluation) will be due upon arriving on the day of services.

- OR
- I would like to be considered for Financial Assistance.** I have completed the financial assistance forms and provided all the requested documentation to allow TAFAs to evaluate my request.

Note: For the Financial Assistance option, a representative from TAFAs will contact you following a review of your application and let you know how much assistance (if any) you will receive. At a minimum, an additional 15% of the cost of services (\$146.50 for an Autism Evaluation) will be due upon arriving on the day of services. If financial assistance is provided, it will range from 10% discount of the services to 75% (e.g., from \$97.50 to \$731.25 discount for an Autism Evaluation).

TUCSON ALLIANCE FOR AUTISM FINANCIAL ASSISTANCE APPLICATION

Personal Information

Please print all information and answer all questions. Be certain to attach required documents.

Adult # 1 _____ Date of Birth / / Today's Date / /

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ email _____

Employer _____ Occupation _____

Full time _____ Part time _____ Retired _____ Disabled _____ Unemployed _____

Adult # 2 _____ Date of Birth / / Today's Date / /

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ email _____

Employer _____ Occupation _____

Full time _____ Part time _____ Retired _____ Disabled _____ Unemployed _____

Please list all members in your family who are listed on your tax return.

Name (First, MI, Last)	Relationship	Employer/School	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

FINANCIAL INFORMATION

Please itemize your monthly household, pre-tax income, and verify requested information has been provided by checking boxes:

Gross Wages, Salary & Tips	\$ _____	<input type="checkbox"/>
Spouses Gross Wages, Salary & Tips	\$ _____	<input type="checkbox"/>
Aid to Dependent Children	\$ _____	
Unemployment Compensation	\$ _____	
Social Security/Disability	\$ _____	
Child Support	\$ _____	
Housing Allowance	\$ _____	
Food Stamps	\$ _____	
Retirement Income (non-SSI)	\$ _____	
Other Income	\$ _____	
Total Monthly Income	\$ _____	

A copy of last year's tax return is provided:

Monthly Expenses

Rent/Mortgage	\$ _____	
Utilities	\$ _____	
Food	\$ _____	
Clothing	\$ _____	
Car Expenses (gas, insurance, loan)	\$ _____	
Medical Insurance	\$ _____	
Medical Expenses	\$ _____	
Other	\$ _____	
Total Monthly Expenses	\$ _____	

I certify that all the information provided is truthful and a full accurate statement of my household's financial situation. I understand that TAFE reserves the right to refuse assistance to any applicant. I understand that I will be expected to pay a portion of my membership or program

Signature: _____ Date: _____

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Award Amount _____	Eval or Program _____	
Client Responsibility _____	Directors Initial _____	Date _____