

**FAMILY SCHOLARSHIP FUND APPLICATION**

*Family Scholarship Fund Policy is attached*

The Family Scholarship Fund (FSF) applies to qualifying families receiving services from the UW Autism Center. Please print out and complete the FSF application and sign below. Required documentation includes a copy of your current 1040 (tax return) this must list the child as a dependent. (SSI document if not filing taxes) if this does not have a WA state address, provide a current copy of a utility bill as proof of residency. Please note that the **FSF will only be considered if the application is complete and all required documentation is provided.** All information you provide is confidential and will be kept in a secure file. If you have any questions please call the UW Autism Center Billing Office at (206) 616-2754.

Total annual household income: \_\_\_\_\_

Total number of family members: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Please print full name here: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's full name: \_\_\_\_\_

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

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

Services Requested: \_\_\_\_\_

Date of application: \_\_\_\_\_

Application must be dated. Thank you.

Please return the FSF application to: UW Autism Center  
Box 357921 CHDD CD-205  
Seattle, WA 98195-7921

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**Office use only**

Tax Return Received

Approved for sliding fee scale at: \_\_\_\_\_ %

Family pay: \_\_\_\_\_ %

Approved by: \_\_\_\_\_

Denied by: \_\_\_\_\_

Date approved: \_\_\_\_\_

Date denied: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

## **FAMILY SCHOLARSHIP FUND POLICY**

The Family Scholarship Fund (FSF) applies to qualifying families receiving services from the UW Autism Center.

### **Services Covered by FSF**

FSF assistance applies to the following services within the UW Autism Center: diagnostic evaluations, speech and language evaluations & therapy, social skills group sessions, behavioral consults, school consultations, home visits, early intervention treatment, program writing and training charges. The FSF may also be applied to the required deposit for diagnostic evaluations. The FSF cannot be used to assist with charges for services provided by medical professionals affiliated with the UW Autism Center. The services by these providers are charged separately through Children's University Medical Group (CUMG).

### **Use of Funds**

All information regarding family income and circumstances will be kept confidential. Families whose income falls within the FSF parameters of the FSF may qualify for reduced fees for services on a first come, first serve basis. FSF is not retroactive the use of funds may only be applied toward services provided after the date of approval.

The FSF program is always subject to available funds. FSF is available for the maximum of **TWO** terms in a life time. The funding of this program is provided by reservation of a portion of the net income received during the previous year and through annual fund-raising, and thus may fluctuate from year to year. Family Scholarship Funds will not be available after the annual allocation has been dispersed. The amount of funding available is determined at the beginning of each fiscal year and is based on the funds received for this purpose during the previous year.

### **Ongoing Process**

FSF recipients will be required to pay at time of service at each visit for non-covered services. For diagnostic evaluations FSF recipients may set up a monthly payment plan (if FSF does not pay in full). Payment must be made monthly. FSF recipients must comply with all UW Autism Center billing policies in order to maintain funding. If these policies are not adhered to, participation in the Family Scholarship Fund program will be forfeited. The UW Autism Center's Policy and Procedure for Collections is applicable to these accounts, and any decision of termination will be made by the director of the UW Autism Center.