



APPLICATION FOR AWARD

P.O. Box 13383
Reno, NV 89507

The Foundation will not provide monetary awards directly to individuals and/or families. To be considered for an award, applicants must provide proof of a diagnosed Autism Spectrum Disorder and/or other neuro-developmental disorder, or if an organization, must provide in writing that the award will go directly to services for individuals of a diagnosed Autism Spectrum Disorder and/or other neuro-developmental disorder. Individual applicants must meet HUD income guidelines, provide a copy of their last tax return and their last three paycheck stubs for **ALL** employed members of the family with their application. Mail completed applications to the P.O. Box listed above. Incomplete applications will not be considered. For a full list of award criteria, please visit our website at www.justinhope.org.

Parent(s)/Organization Name: _____

Address: _____

Telephone: _____ Email: _____

Person's Name: _____ Child DOB: _____

Diagnosed Disability: _____ Date Diagnosed: _____

Number of individuals in your household (for HUD income guidelines) _____

Requested Award (Please be specific): _____

Estimated Cost: _____ Name of Provider/Supplier for Award: _____

How did you hear about us? _____

Additional Info: _____

*By signing below you agree to the following: I have read and understand your complete award criteria listed on Page 2 of this form and all information I have provided to you is correct to the best of my knowledge. The JUSTin HOPE Foundation can use first names and/or images of me, my family or my child on social media sites, brochures or other promotional materials for the purpose of promoting the Foundation and awards program. I release the JUSTin HOPE Foundation, including its directors, officers, employees and consultants from all liability arising from the use of the photographs and no compensation will be paid for the use of the photographs. I also release the JUSTin HOPE Foundation including its directors, officers, employees and consultants from any liability to myself, my family or my child resulting from an award given by the JUSTin HOPE Foundation.

Parent/Organization Representative Signature: _____ Date: _____

For Office Use Only:

Reviewed By: _____ Date: _____ Awarded: Yes/No Date: _____

Received: Proof of Diagnosis Tax Return Paycheck Stubs Organization Proof

Notes: _____



CHECKLIST

For Families Only:

Please verify and initial all of the following:

- _____ I meet the HUD household income guidelines listed below.
- _____ I have included proof of diagnosis.
- _____ I have included my latest tax return.
- _____ I have included my last three paycheck stubs.
- _____ I understand the process may take up to 60 days for a decision to be made.
- _____ If I'm approved I will submit via email a picture of the person receiving the award.

The following is the list of our criteria:

- The purpose of our awards will be to further our mission statement of providing support to children and families affected by Autism Spectrum Disorder and other neuro-developmental disorders.
- All awards will be determined on a case-by-base basis.
- All awards will be subject to Board approval AND funds available.
- The number of awards given each year will depend on funds available.
- Those responsible for the award selection will be the Foundation's Board of Directors. Determining award made under our program is solely the responsibility of the Board.
- Meeting of criteria does not automatically result in an award.
- One award per household/organization per month will be accepted.
- One award per household/organization per 12-month period will be granted. If a recipient wishes to request another award, they will need to complete a separate application after one year and are subject to the same initial application criteria.
- Applicants will be notified by letter or phone call of the Board's decision within 60 days of receipt of their application.
- Any financial award will be a one-time payment made directly to the organization, provider of services or supplier.
- The Board will not award payment for ongoing treatment at this time.
- There is no age limit.
- Awards may be given to special education classes.
- The Foundation will not provide monetary awards directly to individuals and/or families.
When appropriate, the Foundation will first seek out donations of services for families and/or individuals from community businesses and/or organizations. When donations of goods or services are not available or appropriate, the Foundation will provide funds directly to the business and/or organizations that are the direct provider of services or supplies.
- Must show proof of disability from a licensed mental health or medical professional (award options will also be considered for families on waiting lists for diagnosis).
- Copy of tax return and the last three paycheck stubs need to accompany application for ALL employed members of a family.
- Applicants must meet HUD household income guidelines based on the number of individuals in the family:
 - 1-\$38,050
 - 2-\$43,450
 - 3-\$48,900
 - 4-\$54,300
 - 5-\$58,650
 - 6-\$63,000
 - 7-\$67,350
 - 8-\$71,700