



Autism – It's okay to color outside the lines.

Grant Application Checklist

Please use this checklist to help make sure your application is filled out correctly and completely when applying for Coloring Life My Way grant. Please contact info@coloringlifemyway.org if you have questions or need assistance.

Preparing for the application

Every application must have the following documents to be processed:

Coloring Life My Way must receive all required documents before processing your application.

1. Proof of autism, sensory, and or behavioral disorder and recommended treatment from your doctor or your current school Individualized Educational Program (IEP) **and** Full Individual Evaluation (FIE)
2. Proof of cost for therapies (ABA, Speech, OT, PT, etc.) assistive technology, or educational or recreational programs and medical equipment or supplies (not covered by insurance), etc.
3. Proof of family income with a copy of your tax return or proof of any other income (such as SSI, SDI, child support, etc.)

Completing the application

1. Be sure to select only **ONE** option. In your request, describe only one need from the need option box you selected. Do not request additional needs. If your request is unclear, your application will be moved to an Incomplete folder and will not be reviewed by the Coloring Life My Way Board.
2. You must answer all the questions.
3. Do not include the \$ sign whenever the question asks for a dollar amount. It is okay to include decimals.
4. When uploading documents, the easiest formats to upload are Word and PDF files. You may upload a photo (.jpg or .jpeg file). If you are having trouble uploading a photo, please email infor@coloringlifemyway.org and a board member will contact you.

Submitting the application

1. Remember to submit your application with all documents. Only applications that have all documents submitted will be reviewed by the committee and The Coloring Life MY Way Board.

Application Assistance

1. If you need assistance with completing any portion of the application, please feel free to call 469-337-4418.



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*****PLEASE COMPLETE THIS PAGE IN ITS ENTIRETY*****

Child Information

Last Name _____ First Name _____ Birth Date (MM)____(DD)____(YY)_____

Male _____ Female _____ Name of school _____

Race: American Indian/Alaska Native Asian Black/African American Caucasian Hispanic or Latino or Spanish Origin of any race Other

Guardian Information

Last name _____ First name _____

Relationship to child _____ Address _____ City _____

State _____ Zip _____

Primary phone _____ E-mail address _____ Occupation _____

Last name _____ First name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Primary phone _____ E-mail address _____ Occupation _____

Household Information

Child lives with Number of Adults in household _____ Number of children in household _____

Does the household speak English? Yes ___ No ___ If no, what is the primary language _____

Funding Information

Does the child have health insurance? Yes ___ No ___

Health insurance name _____ (Private) _____ (Medicaid) _____

Annual household income (prior year) \$ _____

Last year's out-of-pocket medical expenses for the child \$ _____

Amount requested from Coloring Life My Way \$ _____

How did you hear about Coloring Life My Way? Family Friend Social Media Website Other _____



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COMPLETE ONLY THE SECTION BEING REQUESTED

Only **one** section **must** be completed in its entirety

Request for Treatment/Services

Treatment and Services include therapies such as Applied Behavior Analysis, Play Therapy, Speech Therapy, Occupational Therapy, or Cognitive Behavioral Therapy etc.

Name Treatment/Service: _____

Number of treatments/visits: _____ Cost per treatment/visit \$ _____

Name of Company: _____ Therapist Name: _____

Address: _____ Phone: _____

Email address: _____ Website: _____

Make Payment Payable to: _____

Request for Equipment/Supplies

Equipment and Supplies include specialty diapers and wheelchairs, assistive technology equipment, care devices, hearing aids, etc.

Name equipment/supplies: _____

Cost of equipment \$ _____

Vendor's Name: _____

Address: _____ Phone: _____

Email address: _____ Website: _____

Make Payment Payable to: _____

Request for Program

Programs include educational or recreational programs.

Type of Program: _____

Name of Program: _____

Cost of program \$ _____

Address: _____ Phone: _____

Email address: _____ Website: _____

Make Payment Payable to: _____