



2019 Financial Aid Form

STEP 1: READ THE FINANCIAL AID INSTRUCTIONS

STEP 2: COMPLETE THE ENTIRE APPLICATION AND SUBMIT IT WITH PROOF OF INCOME – PLEASE PRINT CLEARLY

I am applying for financial assistance for:

Please do not add other selections. Please select either Utility Bill OR Doctor Assistance. You can also request assistance for WPA4A Membership when applying.

Utility Bill Assistance (Electric, Gas, or Water bills only)

Enter Amount of Assistance Requested (ONE BILL ONLY, MAX \$200) \$ _____

Financial Assistance for Doctor's Recommendation/Letter/Card

Doctor's Name _____ Website _____

Phone Number _____ Email Address _____

Doctor's Fee (DO NOT ADD OTHER FEES, MAX \$200) \$ _____

WPA4A Membership

Name of individual with autism _____
(One application per family only)

Address _____

City _____ County _____ State _____ Zip _____

Date of Birth _____ Diagnosis _____

Have you received financial assistance from WPA4A before? Yes No
(One application per year)

Are you a current WPA4A Member? Yes No

If yes, what email address was used to sign up for membership? _____

Parent/Guardian 1:

Name _____

Phone(_____) _____ Email _____

Employment _____
(REQUIRED) If not applicable please explain

Parent/Guardian 2:

Name _____

Phone(_____) _____ Email _____

Employment _____
(REQUIRED) If not applicable please explain

Individual lives with:

Mother only Father only Both parents Other guardian

If other please specify _____

The following information MUST be completed for all applicants.

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. PROOF OF INCOME IS REQUIRED.

Number of children living at home _____ Ages _____

Number of adults dependent on family income _____

Gross monthly income _____

Annual Household Income Level

- | | | |
|---|--|--|
| <input type="checkbox"/> Below \$18,000 | <input type="checkbox"/> \$30,001 – \$36,000 | <input type="checkbox"/> \$48,001 – \$54,000 |
| <input type="checkbox"/> \$18,001 – \$24,000 | <input type="checkbox"/> \$36,001 – \$42,000 | <input type="checkbox"/> \$54,001 – \$60,000 |
| <input type="checkbox"/> \$24,001 – \$30,000 | <input type="checkbox"/> \$42,001 – \$48,000 | <input type="checkbox"/> \$60,001 – \$80,000 |
| <input type="checkbox"/> \$80,001 – \$100,000 | <input type="checkbox"/> Over \$100,000 may qualify under very special circumstances | |

Attach the following documents:

- **Verification of Income for both Parent/Guardian 1 & 2 – Must submit ALL documents listed. If ONLY applying for WPA4A Membership, please only submit bank statements or tax returns.**
 - Three months of past bank statements (black out account numbers before submitting)
 - The first page of tax returns (black out social security numbers before submitting)
 - Last two paycheck stubs (black out account numbers before submitting)
- **Verification of Disability for the individual with autism. Please only submit one.**
 - Front page of most recent IEP
 - SSI approval letter (black out social security numbers before submitting)
- **Utility Bill Assistance ONLY**
 - Attach a receipt/credit card statement for the most recent purchase of either hemp or a cannabis product. (black out account numbers before submitting)

Please indicate any special circumstances that relate to this request _____

(additional pages may be attached)

STEP 3: FUNDING RELEASE AND SIGNATURE

I certify that all of the information on this application and the supporting documents are true and complete. If approved, please note that payments will be made directly to either the doctor or the utility company.

Parent/Guardian Signature _____ (REQUIRED) Date _____

**STEP 4: RETURN COMPLETED APPLICATION
(DO NOT SUBMIT WITHOUT PROOF OF INCOME)**

By Mail: WPA4A, Inc. Attn: Financial Aid
31566 Railroad Canyon Rd., Ste. 2, PMB 139, Canyon Lake, 92587
By Email: info@wpa4a.org. Subject Line: Financial Aid
For questions, email: info@wpa4a.org.

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED.
PLEASE ALLOW UP TO 4 WEEKS FOR APPLICATION PROCESSING.
ALL INFORMATION ON THIS APPLICATION IS TREATED CONFIDENTIALLY.**

WPA4A OFFICE USE ONLY
Date Received:
Date Approved:
Amount Approved:
Approval Signature:

Financial Aid Instructions

Any person can apply for this financial help. WPA4A Members will be prioritized. Applications will be processed in the order they are received.

To apply for financial aid:

- Select which assistance you're requesting on the financial aid form, being sure to fill out the entire application. Please do not add other selections to form.
- Financial aid is based on need, and this must be clearly demonstrated on the form. The board takes into account income level, family size, and a detailed explanation of circumstances when granting financial assistance.
- Documentation that verifies income level **MUST** be provided with the form (i.e. 3 months of most recent bank statements, first page of tax return, unemployment check receipt, etc.).
- Once approved or not, we will notify you immediately via email or via phone.
- Financial assistance for doctor's recommendations/letters/cards will be paid out to the doctor's office directly.
- Utility bill assistance will be paid directly to the utility company directly. Please provide an estimated amount that will be due for the NEXT billing cycle and take into account our application processing time of 4 weeks in terms of bill due dates. Once approved and the next bill is received, we ask that it be sent to us immediately so we can make payment arrangements. We will make every effort to cover the entire bill (max of \$200). We will not pay for late fees. We are not responsible for any late fees that occur if the bill is provided to us less than 2 weeks before it is due. Utility bill has to match the recipient's home address and be in either in their name or their parent/guardian's name.
- If attempts to reach the utility company or doctors office for payment arrangement are not answered, we will make several attempts. Unfortunately, if no response is received, we are not able to provide the finances to the family directly. The award will be terminated and made available for the next family.
- Families may receive financial assistance once a year for one family member.
- Financial assistance is not available for direct purchases of cannabis or hemp related purposes at this time.
- Financial assistance funds are supplementary. The board expects each family to pay the remainder of the costs above and beyond what is offered.
- Financial assistance is for autism families who are using cannabis/hemp or who are planning to begin using cannabis/hemp only.
- Documentation must be made available to prove diagnosis.
- Documentation must be made available to prove purchase of a hemp/cannabis product for the individual with autism (utility bill assistance only).
- Incomplete forms or those missing proof of income will not be reviewed.
- Please allow up to 4 weeks for application processing. All information is confidential

The board makes every effort to provide financial support so that no individual is denied access due to lack of funds; however financial assistance funds are limited.

Send all completed applications to:

WPA4A

31566 Railroad Canyon Rd., Ste 2, PMB 139

Canyon Lake, CA 92587

Attn: Financial aid

or Email to: info@wpa4a.org