PARKER AUTISM FOUNDATION

Holiday Application (4 Pages)
Submissions Accepted Annually from OCT 1st - NOV 1st

Name of child with autism: _____ Age: _____

Parents Names:
_____

Address:
_____

_____

_____

Home Number: _____

Cell Number: _____

Email address: _____

Please list at least 3 non -families members that can verify that you are in need of this program. Also, provide contact info for your Primary Care Physician. Note that by submitting this application you are giving PAF permission to contact the following to verify information you've provided.

Name: _____ Relationship: _____

Phone Number: _____ Email:_____

Name: _____ Relationship: _____

Phone Number: _____ Email:_____

Name: _____ Relationship: _____

Phone Number: _____ Email:_____

Primary Doctor: _____Phone Number_____

PARKER AUTISM FOUNDATION

Please list needs and wants of *every child in the household*. Starting with Autism.

Name: _____Age: _____

Shirt size: _____

Pants: _____

Coat: _____

Shoes: _____

List Three Needs: (Needs are considered necessities not I-pads and electronics.)

1. _____

2. _____

3. _____

List Three Wants: (Wants need to be realistic, we try to serve as many families as possible, if you are wanting an i-pad please apply for the program)

1. _____

2. _____

3. _____

Name: _____Age: _____

Shirt size: _____

Pants: _____

Coat: _____

Shoes: _____

List three needs: (Needs are considered necessities not i-pads and electronics.)

1. _____

2. _____

3. _____

List Three Wants:

1. _____

2. _____

3. _____

Name: _____ Age: _____

Shirt size: _____

Pants: _____

Coat: _____

Shoes: _____

List Three needs:

1. _____

2. _____

3. _____

List three Wants:

1. _____

2. _____

3. _____

Please add additional children on the back of this application.

PARKER AUTISM FOUNDATION

I understand that I will be required to complete 4 hours of volunteer hours for each of my children. Volunteer hours are due by Oct. 1st of the following year.

Please provide the following information to complete this application.

1. WE most have a current copy of you tax return
2. Proof of diagnoses for your child that has autism.
3. Proof of address- electric bill in your name, etc.
4. Letter explaining how this program will affect your family.

I swear that everything I have stated in this application is true to my best abilities.

Signature: _____ Date: _____

Signature: _____ Date: _____