



Rec2Connect Financial Assistance Program Application

(Parent/ Guardian Filling Out Application)

Full name: _____

Email address: _____

Best phone number to reach you at: _____

What county do you reside in? _____

What is your Street Address? _____

What is your city? _____

What is your state? _____

What is your Zip Code? _____

What is your family size?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8+

What is your Household Income?

- \$0-\$19,999
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$99,999
- \$100,000+

Thank you! Next we will ask about the financial assistance recipient.

Can we ask the recipient's full name? _____

What is the recipient's date of birth? (MM/DD/YYYY) _____

What is the recipient's diagnosis? _____

Does the recipient require 1:1 assistance to participate in programs?

- Yes
- No
- I'm not sure

Do you receive any alternate funding sources for the recipient?

- Autism Scholarship
- County funding
- Jon Peterson
- Insurance
- NEON funding
- SELF waiver funding
- Level 1 waiver
- IO Waiver
- Other: _____

In a few paragraphs, please tell us about the recipient and your circumstances.

What programs will you be using the Financial Assistance for?

- Aquatic Therapy
- Adapted Aquatics
- Razorsharks
- Hike Club
- Fit Friends
- Cardio Drumming
- Pedal Power
- Bike Connect
- Other: _____

How much financial assistance would you like to apply for?

- 3 Months of Service
- 6 Months of Service
- 9 Months of Service
- 1 Year of Service
- Other: _____

Do any other members of the household have disabilities?

- Yes
- No

And finally, how did you hear about Rec2Connect?

- Social Media
- Google
- From a friend
- Other: _____