

# Intensive Therapy Grant Application

Apply for funding assistance for your intensive therapy needs.

## Full Name (Parent) \*

First Name      Last Name

## Email Address \*

example@example.com

## Phone Number \*

Please enter a valid phone number.

## Address \*

Street Address

Street Address Line 2

City                                      State / Province                                      Postal / Zip Code

## Child's Name \*

First Name      Last Name

## Child's Date of Birth \*

Month   Day   Year

## Child's Diagnosis

## Therapy Provider Contact Information \*

## Proposed Therapy Start Date \*

Month Day Year

## Proposed Therapy End Date \*

Month Day Year

**Please explain your need for intensive therapy and how this grant will assist you. \***