

2013 ASMT Holiday Gift Card Drive Application

Please note: Applications must be received in the office no later than **Monday, Dec. 9, 2013 at 10:00 a.m.**

****ALL of the following information is needed in order to participate in the program.****

Name: _____ Spouse Name: _____

Address: _____
(To be eligible, you must reside in the Middle TN area.)

City: _____ State: _____ Zip: _____

Phone Number(s): _____
(*This is the number we will use to contact you if we are able to provide assistance.)

E-mail: _____

Name and age of child(ren) with an ASD that live in your household

1. _____
2. _____
3. _____
4. _____

Name and age of other dependant(s) that live in your household

1. _____
2. _____
3. _____
4. _____

Description of your financial situation (e.g.: change in employment, divorce, healthcare issues, hours cut, laid off, etc.) Please be specific; we use this to determine eligibility. _____

Total Household Income:

- \$50,000 or more \$36,000-\$49,999 \$21,000-\$35,999 \$1-\$20,999 No Income

Where are you getting additional support? Check all that apply.

- | | |
|---------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> Angel Tree |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Church |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> School Program |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Other Holiday Assistance |

Greatest needs for the Holiday Season:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Please Note:

- ASMT makes every effort to provide assistance to every applicant; however, our assistance is limited to the donations we receive for this program.

Please submit to ASMT at admin@tnautism.org or fax 615-383-1176. Please use the back of this form, or attach additional pages as needed.