

**Family Scholarship Program Application – DAN (Defeat Autism Now) Doctor**

Summary: This application is for families who meet the eligibility criteria and want to pursue Biomedical Treatment. Please present a complete proposal requesting funding, including cost breakdown.

**Doe, Jane**

Applicant Name (Last, First) Parent or primary caregiver

**1234 Elm Street, Any Town, ND 70000**

Home Address (Street, City, State, Zip)

**(123) 555-0808**

**(123) 555-2222**

**janedoe@yahoo.net**

Home Telephone

Business/Other Telephone

E-mail Address

COMPLETE THE FOLLOWING INFORMATION FOR CHILDREN LIVING WITH YOU:

Please list child's first name Johny

Birth date 5-1-00 diagnosis if any ASD

Please list child's first name Jackie

Birth date 5-10-02 diagnosis if any \_\_\_\_\_

Please list child's first name Jake

Birth date 6-11-05 diagnosis if any \_\_\_\_\_

(write on back if more than 3 children)

MARITAL STATUS: Are you married?  Yes  **No**

If you are a single parent, do you receive monthly child support?  Yes  No If yes, how much \$ 700.00

INCOME:

What is your combined monthly household employment income? \$32,000

Do you receive state or federal assistance (SSI/SDI)?  Yes  No If yes, how much per month

\$ 300.00

INSURANCE:

Do you have private health insurance for your child  Yes Type: Thrifty HMO  No

Do you have state paid insurance (i.e. Healthy Kids or Medicaid/MediCal)?  Yes Type: Medicaid  No

SERVICES:

If your child is 0-3 is your child in Early Start/Early Intervention?  Yes  **No**

If your child is over age 3 what is their current school placement? Public/Private/In-Home Program\_ **Public School - Elm Street Elementary Special Day Class in Any Town Unified School District**\_\_\_\_\_

CURRENT FAMILY DEBT:

HOUSING:  **Own Home**  Rent  Temporary Housing Monthly housing commitment \$ **1600**\_\_\_\_\_

Do you have a 2<sup>nd</sup> mortgage on your home:  **Yes**  No Monthly housing commitment 2<sup>nd</sup> Mortgage \$ **500**\_\_\_\_\_

Credit card debt:

Number of credit cards your family has: **2** Current Balance \$ **10,000**\_\_\_\_\_ Monthly Minimum

Payments **250**\_\_\_\_\_

TACA MEMBERSHIP: Date of first TACA meeting Attended: **3/24/08**\_\_\_\_\_ or Date you joined TACA on the web:\_\_\_\_\_

**6/10/06**\_\_\_\_\_

(Required: Must be a TACA member for a minimum of 6 months prior to applying for a DAN Doctor Scholarship)

NAME OF PARENT MENTOR: **Rollo Tomasi - 7/20/06**\_\_\_\_\_

(Required: Must have a Parent Mentor for at least 2 months prior to applying for a DAN Doctor Scholarship)

Date you Joined TACA-USA Yahoo Group: **8/15/07**\_\_\_\_\_ (Required)

TACA ASSITANCE:

Have you ever received assistance from TACA before? If so, please note the amount, for what and when.  **Yes**  No

Type of services awarded previously: **TACA Adopt a Family for the Holidays**\_\_\_\_\_

**Proposal SUMMARY:**

**ON SEPARATE SHEETS OF PAPER PLEASE PROVIDE THE FOLLOWING:**

Please describe what is being requested and why. Be specific. For example: First visit to a DAN doctor and cost for labs. TACA has provided a sample for your review. It can be found at the link:

[http://www.talkaboutcuringautism.org/enewsletters\\_archive/2008/enews-05-08-1.php#anchor9](http://www.talkaboutcuringautism.org/enewsletters_archive/2008/enews-05-08-1.php#anchor9)

Please outline all of the current therapies and treatments your child is receiving. Are you currently implementing a special diet? If not, would you be willing to do so as a requirement of seeing a DAN Doctor. Are you implementing biomedical intervention? If so, what have you tried so far? Are you working with a DAN Doctor? If so, who?

Please include a breakdown of the costs – i.e. DAN doctor visit, lab costs, etc.

Please make sure you have read (TOP TEN Links) document that discusses what items will likely NOT be funded by a TACA Family Scholarship.

Please include contact information for the practitioner you have chosen to use should the scholarship be funded.

Name **Dr. Daniel Doctor** Address **5678 Gator Way, Suite 550**\_\_\_\_\_

City, State, Zip **Orange Town, Florida 12345**\_\_\_\_\_ Phone **(123) 555-4444**

Please make it clear to the committee where you are on your biomedical journey and explain what your goals would be for a DAN Doctor visit.

Please share with the committee how you plan to fund ongoing treatment, since the TACA Family Scholarship Program is a one-time only grant.

Have you attended any of the following: DAN, USAAA or Autism One conferences or a TACA New Parent Seminar? If so, which cities and years did you attend?

All information submitted to TACA shall remain **confidential**. Please note that, pursuant to California and federal law requirements, TACA reserves the right to follow up to ensure any approved grant was actually used for its intended purpose.

I certify that the information on this form is true and complete to the best of my knowledge.

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Applicant Signature

Date

## **PROPOSAL SUMMARY**

**I would like to apply to TACA to cover an initial visit to a DAN doctor and the cost of labs for my son James. My HMO doctor has no idea how to interpret the testing we have done and my HMO will not pay for me to see a DAN doctor.**

**Here is the cost break down for the first visit and for the labs and for travel costs (copies of estimate from Dr. D. Doctor and print out from Travelocity attached):**

**Doctor visit: \$450**

**Doctor phone call follow-up to review labs: \$250**

**Labs: \$200 (for the tests not covered through our HMO or Medicaid)**

**Total requested: \$900 – I realize that this is over the \$750 maximum, but I think we can do a local fund raiser for the extra costs if needed.**

**I have attended Autism One in Chicago twice now (in 2006 and 2008 in Chicago). I was able to volunteer and get my conference registration for free. I also regularly attend the North Dakota Chapter TACA meetings which have been a great help. Before that Chapter was available I was a TACA member on line and also a member of several of the Yahoo Groups. ABMD, GFCFKIDS and now TACA-USA. I have implemented a Gluten Free Casein free diet for my son with great success. I have tried to add in some basic vitamins, but without lab work, I am not sure what we should be giving our son. I have him on a multivitamin designed for ASD kids as well as Cod Liver Oil, probiotics, and enzymes. Also, we have never done a chelation challenge nor have we had a comprehensive stool test to determine if yeast may be an issue. At this point I need a doctor's guidance to see what other issues can be treated biomedically.**

**I have read Children with Starving Brains and Changing the Course of Autism and realize that there are many more treatments that I can explore, but only with the help of a qualified doctor. Since the diet has been so helpful for my son, it seems logical that there are other issues that could be helped with proper supplementation and possibly chelation. In interviewing Dr. D. Doctor I feel that he will make an excellent partner in helping figure out what treatments will be most effective for my James. I contacted Dr. D. Doctor and have confirmed that he will accept a third-party check should our grant be successful.**

**Going forward, my plan to fund this treatment is to hold yearly fundraisers for an annual consult with Dr. D. Doctor. Reading the article on the TACA website about how to get biomed funding through insurance has helped me figure out that I will only need to raise money for the follow up consults and the occasional lab that isn't covered by insurance. I have discovered a way to purchase supplements in bulk with a local co-op and also have contacted suppliers to take advantage of any items that are in their sale bins. I also worked with my HMO doctor to get some of the compounded supplements covered by insurance.**

**As for the current therapies my son is getting, he attends a Special Day Class at our local elementary school and receives speech and OT.**

**Thank you for your consideration and please let me know if you need any further information from me.**

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## Family Scholarship Program Application

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### **CHECKLIST**

#### **APPLICATION IS NOT COMPLETE WITHOUT THE FOLLOWING:**

- Proof of diagnosis. (Need not be the entire evaluation, just the page with the child's name that confirms diagnosis.)
- Copy of current year to date pay stub for all household wage earners or most recent Tax Return.
- Date you became a TACA Member.
- Name, and date you started with, your TACA Parent Mentor.
- Completed summary of previous treatments and explanation of why you chose the DAN doctor you are requesting funding for.
- Contact information for DAN doctor.
- Cost breakdown – include estimates from DAN doctor.
- Explanation of Goals for your child's visit to a DAN Doctor.
- Explanation of how you plan to fund ongoing treatment, since the TACA Family Scholarship Program is a one-time only grant.

**Please mail completed application to: TACA Family Scholarship Program, 3070 Bristol, Suite 340  
Costa Mesa, CA 92626**