

# STRIVE Application for Financial Assistance

Individuals eligible for financial assistance must have an annual income that does not exceed the federal poverty guidelines by more than 200%. See chart below for details.

Prospective Participant Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If you, the prospective participant, are dependent on others for financial support complete the primary income provider section below.*

Primary Income Provider Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Annual Income: \$ \_\_\_\_\_ (Attach most recent copy of federal tax return)

Family size: \_\_\_\_\_ (Include only immediate family members living in your household- parents, spouses, children, siblings, and related persons.)

I hereby certify that the information I have furnished above is true and correct to the best of my knowledge. Should my circumstances change (for instance an increase in annual income), I agree to notify the Thompson Center immediately at 573-884-7857.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

2016 Federal Poverty Guidelines				
Household Size	100% above	133%	150%	200%
1	\$11,880	\$15,800	\$17,820	\$23,760
2	16,020	21,307	24,030	32,040
3	20,160	26,813	30,240	40,320
4	24,300	32,319	36,450	48,600
5	28,440	37,825	42,660	56,880
6	32,580	43,331	48,870	65,160
7	36,730	48,851	55,095	73,460
8	40,890	54,384	61,335	81,780



Thompson Center for  
Autism & Neurodevelopment  
University of Missouri

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## FOR OFFICE USE ONLY

Percentage of HHS Poverty Guideline \_\_\_\_\_% Qualifies for \_\_\_\_\_% Assistance

Specific service to be provided: \_\_\_\_\_ **STRIVE Program** \_\_\_\_\_

Initial Consult Cost: \$ \_\_\_\_\_

Approval Date: \_\_\_\_\_

Service Cost \$ \_\_\_\_\_

Approval Date: \_\_\_\_\_

Eligible Assistance \$ \_\_\_\_\_

Total Funded \$ \_\_\_\_\_

Source of Funds: \_\_\_\_\_



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