



**Children's Special Needs Network**  
204 N. East St., Ste. F  
Belton, Texas 76513  
Fax (254) 933-7313  
(254) 933-7597 or (800) 600-3940  
www.special-children.org

### Request for Support

Please note that your application is being reviewed diligently for eligibility of resources that are not otherwise covered under Medicaid and/or other insurances. **This application is NOT a guarantee of assistance.** Funds are distributed based on eligibility factors and on available funds. Please make sure that you fill out the following information thoroughly and attach requested documents so we are able to process your request in a timely manner. Please note that CSNN receives funding through grants from various organizations. Any information shared on this request will be available to those organizations.

Parent's/Guardian's Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Amount of funding requested: \_\_\_\_\_

If CSNN is unable to fulfill the entire request, is partial funding an option? \_\_\_\_\_yes \_\_\_\_\_no

Please describe the funding request in detail. Please include how it will impact the child's life:

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What portion of requested item or services is covered by insurance? \_\_\_\_\_

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Have you applied for assistance from CSNN in the past three years? \_\_\_\_\_yes \_\_\_\_\_no

If so, please describe assistance received: \_\_\_\_\_

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Please include any additional information that might clarify your child's need for the request and the family's inability to obtain these items through an insurance provider or other resources. You may attach additional pages and photographs, if necessary:

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**Have you requested or received support from other sources (e.g., charitable organizations, scholarships, etc.)? If yes, please provide the following information.**

Agency	Nature of Request	Amount Received	Approval Pending?	If denied, please state reason

**If you are requesting reimbursement for medication, please list the medication and its use below, along with documentation from the prescribing physician.**

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**\*\*\*\*\* All requests must be submitted prior to the fiscal deadline \*\*\*\*\***

**I have read the policies in the Service Packet, and understand if all information is not submitted with 14 days of initial contact then all requests are void.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date