



Get Your FEAT Wet Swim Program Application

Application Requirements and Procedures:

- A separate application is required for each child seeking assistance
- All applicants must reside in the metropolitan statistical area of Louisville
- The child/applicant must have an identified need
- **Proof of ASD diagnosis or evaluation plan by medical professional**
- Applications must be completed by parent(s) or legal guardian(s)
- Applicants must include **ONE** of the following proofs of income from ***all parties within the home:***
 1. Two most recent paycheck stubs
 2. SSI benefit summary
 3. Unemployment benefit check stub or most recent tax return

We understand a child with autism requires extensive treatments and medication so don't be discouraged to complete this form.

Applicants are expected to pay registration in addition to 1st month tuition before the first lesson.

Applicant funding will be for one session only. Re-application may be necessary if you would like your child to continue to receive FEAT support for future lessons.

Financial Applications for swim lessons may be completed and turned in two weeks before classes are due to begin. Late or incomplete applications will not be considered.

CHILD/ APPLICANTS PERSONAL DATA				
To be completed by applicant's parent or legal guardian. Please print clearly.				
Last Name	First Name	Middle Initial	Suffix (Jr., Sr., Etc.)	
Street Address		Apt#		
City	State	Country	Zip	
Date of Birth (MM/DD/YY)	Age	Grade	qMale	q Female
Ethnicity: Caucasian African American Hispanic Asian/Pacific Other:				
Parent / Legal Guardian Personal Information				
To be completed by applicant's parent or legal guardian. Please print clearly.				
Mother's / Legal Guardian's Information:				
Last Name	First Name	Middle Initial	Suffix (Jr., Sr., Etc.)	
Street Address		Apt#		
City	State	Country	Zip	
Best phone number: ()		Alternate phone number: ()		
Email:				
Marital Status: Single Married Divorced Widowed Seperated				
Father's / Legal Guardian's Information:				
Last Name	First Name	Middle Initial	Suffix (Jr., Sr., Etc.)	
Street Address		Apt#		
City	State	Country	Zip	
Best phone number: ()		Alternate phone number: ()		
Email:				
Marital Status: Single Married Divorced Widowed Seperated				

Are there other **CHILDREN** living in this household? No YES (If YES, complete information below)

_____	_____	_____	_____
Child's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Date of Birth	Age	Grade	Male q Female q
_____	_____	_____	_____
Child's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Date of Birth	Age	Grade	Male q Female q
_____	_____	_____	_____
Child's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Date of Birth	Age	Grade	Male q Female q
_____	_____	_____	_____
Child's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Date of Birth	Age	Grade	Male q Female q
_____	_____	_____	_____
Child's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Date of Birth	Age	Grade	Male q Female q
_____	_____	_____	_____
Child's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Date of Birth	Age	Grade	Male q Female q
_____	_____	_____	_____

Are there other **ADULTS** living in this household? NO YES (If YES, complete information below)

_____	_____	_____	_____
Adult's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Place of Employment	Monthly Income	Age	Male q Female q
_____	_____	_____	_____
Adult's Last Name	First Name	Middle Initial	Suffix (Jr., Sr., etc.)
_____	_____	_____	_____
Place of Employment	Monthly Income	Age	Male q Female q
_____	_____	_____	_____



Please list the family's monthly obligations:

Monthly Payment

Rent/ Mortgage Payment	\$
House Insurance	\$
Electric/ Gas	\$
Water	\$
Food/ Groceries	\$
Home Phone	\$
Cell Phone	\$
Car Payment	\$
Gasoline	\$
Car Insurance	\$
Child Care	\$
Health Insurance	\$
Medical Bills	\$
Major Credit Cards (Total Balance: \$)	\$
Loans (Total Balance: \$)	\$
Other (Please Specify): _____	\$
Other (Please Specify): _____	\$

Does the child/applicant/parent/guardian have income or financial support? If yes, please list below.

Child Support	YES	NO	Monthly Amount: \$
TANF	YES	NO	Monthly Amount: \$
Housing	YES	NO	Monthly Amount: \$
WIC	YES	NO	Monthly Amount: \$
Food Stamps	YES	NO	Monthly Amount: \$
Social Security (Retirement or SSI/SSD)	YES	NO	Monthly Amount: \$
Other: _____	YES	NO	Monthly Amount: \$



Do the parents/legal guardians work?

Mother/Legal guardian: NO YES _____ Monthly Amount: \$ _____
Employer Name

- If mother is unemployed, what is the reason and length of time? _____

Do the parents/legal guardians work?

Father/Legal guardian: NO YES _____ Monthly Amount: \$ _____
Employer Name

- If father is unemployed, what is the reason and length of time? _____

Please check the type of health coverage that applies to the child/applicant:

No Coverage Medicaid CHIP CSHCN Other Health/Dental Coverage: _____

I acknowledge that FEAT of Louisville will rely on the information in this application while making its decision on this request. I authorize FEAT to consult with, or release information to any person whom they deem necessary to verify this information on the request. I understand that it is sometimes necessary for FEAT to do this in order to make its decision on my request. This authorization expires one year from the date below.

Signature: _____ Date: _____
Child's/Applicant's Parent/Legal Guardian

If someone other than the person signing above filled out this application, please complete the following:

_____	_____
Name	Relationship to Applicant
_____	_____
Agency and/or title	Phone
_____	_____
Address	City, State, Zip

Which swim location are you applying for?

- All About Kids (Louisville)
- All About Kids (Oldham Co)
- Home of the Innocents
- Gold Fish Swim Schools
- Aqua Tots