



Gill Children's Services

555 Hemphill Street, Suite 200 | Fort Worth, Texas 76104 | (817) 332-5070
Hours: Monday – Friday, 8:30AM – 3:30PM | Fax: (817) 332-6445

Gill's Mission

Gill Children's Services is a funding source of last resort that provides a safety net for Tarrant County Children whose medical, dental, physical, social, psychological and educational needs have not been met by other community resources.

Who can apply?

Gill Children's Services helps children when all other resources have been exhausted. Before applying, please ask yourself:

1. Is my child 0-18 years old?
2. Does my child live in Tarrant County?
3. Have I called [United Way's 211 Resource Line](#) to see if other nonprofits can help me?

If you answered YES to all three questions, you may apply for assistance from Gill Children's Services. To get a copy of our application, you can:

- Pick up an application at our office
- Ask us to mail an application to your home
- Print off the application from www.gillchildrens.org/apply

Application Instructions

The following information can be faxed to (817)332-6445 or mailed to 555 Hemphill Street, Suite 200, Fort Worth, TX 76104. Gill must have ALL of the following documents to process your request:

- Complete Application for Financial Assistance
 - Application (pages 1-4)
 - Acknowledgement and Authorization (page 5)
- Proof of Income (paycheck stub, letter from employer, etc.)
- Other: _____

Depending on the service or equipment you are requesting, Gill may need additional information. Please call our case managers with questions.

For all dental requests, contact:
Alice Espinoza, Dental Case Manager
(817) 332-5070 ext. 102
aespinoza@gillchildrens.org

For all non-dental requests, contact:
Maria Ramirez, Senior Case Manager
(817) 332-5070 ext. 101
mramirez@gillchildrens.org



Application for Financial Assistance

Section 1: Service Information

- 1A. What services, supplies, or equipment are you applying for? List in order of importance.
 1. _____ 2. _____ 3. _____
- 1B. What individual/organization informed you that your child needs the services, supplies, or equipment requested? _____

<i>Individual/Organization Name</i>	<i>Phone</i>
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- 1C. Do you know who will be providing the services requested? No Yes: _____
- 1D. What is the total cost of the services, supplies, or equipment requested? \$ _____
 How much are you able to contribute to the cost of the service? \$ _____
 How much are you requesting from Gill Children's Services? \$ _____
- 1E. Please explain why you are in need of Gill's assistance at this time. _____

- 1F. Have you received assistance from Gill Children's Services before? No Yes: _____

Section 2: Referral Information

- 2A. How did you hear about Gill Children's Services? _____
- 2B. Have you called 2-1-1 or visited www.tarrantcounty211.org? Yes No
- 2C. List other community agencies, nonprofits, or resources where you asked for help before applying to Gill.

<i>Agency Name</i>	<i>Reason for denial</i>
<i>Agency Name</i>	<i>Reason for denial</i>
- 2D. Provide a contact as a reference (Social Worker, school counselor, case manager, etc.)

<i>Name</i>	<i>Organization (if applicable)</i>	<i>Phone</i>
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- 2E. In case we cannot reach you, please list nearest friend or relative.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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Section 3: Child Information

3A. Fill out the following information for all children in your household. Please indicate which children are in need of the services, goods, or equipment you described in Section 1.

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Is the child a US Citizen*? <input type="checkbox"/> Y <input type="checkbox"/> N	
	<i>Month/Day/Year</i>	<i>*Child's citizenship will not affect application</i>	
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Is the child a US Citizen*? <input type="checkbox"/> Y <input type="checkbox"/> N	
	<i>Month/Day/Year</i>	<i>*Child's citizenship will not affect application</i>	
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Is the child a US Citizen*? <input type="checkbox"/> Y <input type="checkbox"/> N	
	<i>Month/Day/Year</i>	<i>*Child's citizenship will not affect application</i>	
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

<input type="checkbox"/> This child needs Gill's assistance			
Child's Name _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	Is the child a US Citizen*? <input type="checkbox"/> Y <input type="checkbox"/> N	
	<i>Month/Day/Year</i>	<i>*Child's citizenship will not affect application</i>	
Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			

Section 4: Parent/Guardian Information

4A. Fill out the following information about the child's parent or guardian. Please indicate which parent(s) should be the primary contact for your request.

This parent is the primary contact for this request

Mother's Name _____
First Middle Last Suffix (Jr., Sr.)

Address _____
Number Street Apt. City State Zip

Contact Information _____
Home Phone Cell Phone Email

Marital Status _____ Language English Spanish Other _____

This parent is the primary contact for this request

Father's Name _____
First Middle Last Suffix (Jr., Sr.)

Address _____
Number Street Apt. City State Zip

Contact Information _____
Home Phone Cell Phone Email

Marital Status _____ Language English Spanish Other _____

This guardian is the primary contact for this request

Other Guardian's Name _____
First Middle Last Suffix (Jr., Sr.)

Address _____
Number Street Apt. City State Zip

Contact Information _____
Home Phone Cell Phone Email

Marital Status _____ Language English Spanish Other _____

Section 5: Financial Information

5A. Do the parents or legal guardians work?

No Yes: _____
Mother's Employer Address Phone \$ Amount per month

No Yes: _____
Father's Employer Address Phone \$ Amount per month

No Yes: _____
Guardian's Employer Address Phone \$ Amount per month

5B. Please list the family's monthly financial obligations.

Rent/Mortgage Payment \$ _____

Electricity \$ _____

Gas \$ _____

Water \$ _____

Food/Groceries (Do not include food stamps) \$ _____

Cell Phone \$ _____

Car Payment \$ _____

Gas/Transportation \$ _____

Car Insurance \$ _____

Child Care \$ _____

Hygiene/Personal Expenses \$ _____

Major Credit Cards (Total Balance: \$ _____) \$ _____

Loans (Total Balance: \$ _____) \$ _____

Medical Bills \$ _____

Other (Please specify): _____ \$ _____

5C. Does the child/parent receive any of the following support?

Child Support No Yes Monthly Amount: \$ _____

TANF No Yes Monthly Amount: \$ _____

SNAP/Food Stamps No Yes Monthly Amount: \$ _____

Social Security (Retirement or SSI/SSD) No Yes Monthly Amount: \$ _____

Housing No Yes

WIC No Yes

Other: _____ No Yes Monthly Amount: \$ _____

5D. Is the child covered by any insurance policy or program?

No coverage Medicaid CHIP CSHCN Other health/dental coverage: _____

5E. Is the policy through a parent/guardian employer? No Yes Which parent? _____

Section 6: Acknowledgement and Authorization

6A. Acknowledgement of Funding Services

Gill Children's Services, Inc. ("Gill"), a 501(c)(3) non-profit charity, is a funding source of last resort that provides a safety net for Tarrant County children whose medical, dental, physical, social, psychological and educational needs have not been met by other community resources. Gill provides funding only when the family's and community's resources have been exhausted. By signing below, you acknowledge and agree, on behalf of yourself, your spouse (if applicable), and the minor child for whose benefit funding is sought (all collectively, "Recipient"), as follows:

1. Gill is providing funding for Recipient to obtain services from a third-party provider and will issue payment directly to such third-party provider. No funds will be directly paid to Recipient.
2. Gill is not responsible for the conduct of any third-party provider that provides services to Recipient. Recipient is solely responsible for choosing to use such third-party provider of services and for the course of treatment that Recipient selects.
3. IN CONSIDERATION FOR THE FUNDING GILL IS PROVIDING RECIPIENT, EACH RECIPIENT AND THEIR RESPECTIVE HEIRS AND PERSONAL REPRESENTATIVES, HEREBY RELEASES GILL AND ITS RESPECTIVE EMPLOYEES, OFFICERS, DIRECTORS AND AGENTS (COLLECTIVELY "RELEASEES") FROM ANY AND ALL CAUSES OF ACTION, CLAIMS, LIABILITIES OR DAMAGES WHICH MAY NOW OR HEREAFTER BE SUFFERED BY RECIPIENT THAT RELATE IN ANY WAY TO OR ARISE OUT OF THE SERVICES FOR WHICH GILL IS PROVIDING FUNDING (THE "SERVICES") AND AGREE (I) NOT TO BRING ANY CAUSE OF ACTION OR CLAIM OF ANY KIND WHATSOEVER AGAINST ANY RELEASEE ARISING OUT OF OR RELATED TO, DIRECTLY OR INDIRECTLY, THE SERVICES, INCLUDING WITHOUT LIMITATION, ANY INJURY OR DAMAGE TO ANY PERSON OR PROPERTY RESULTING FROM THE SERVICES OR ANY CLAIM THAT IS BASED ON THE SOLE, JOINT, OR COMPARATIVE NEGLIGENCE OF GILL; AND (II) THIS ACKNOWLEDGMENT OF FUNDING SERVICES SHALL BE A COMPLETE DEFENSE TO, AND A CONSENT TO THE DISMISSAL OF, ANY CAUSE OF ACTION OR CLAIM BROUGHT AGAINST GILL IN CONTRAVENTION HEREOF.
4. This Acknowledgement of Funding Services shall be governed by and construed in accordance with Texas law, and any dispute between Gill and Recipient must and may only be brought in a court of competent jurisdiction in Tarrant County, Texas.
5. Recipient has carefully read this Acknowledgement of Funding Services, understands its contents and has signed it freely and voluntarily with full knowledge of its contents, and the person signing on behalf of the minor child is the parent or legal guardian of such child and authorized to sign on his or her behalf.

Parent/Guardian Signature

On behalf of minor

Date

- 6B. I grant permission to Gill Children's Services, Inc. to use a summary of my child's case for any and all purposes related to public education and/or promotion of Gill Children's Services. I further grant permission for Gill Children's Services, Inc. to use, publish, and or display any artwork created by my child for Gill Children's Services. I release any and all rights to images created and prepared and release Gill Children's Services from any and all claims or liabilities resulting from their use. I further understand that once the case information/artwork is disclosed, it may be redisclosed by the recipient or by Gill Children's Services and the information may not be protected by federal privacy laws or regulations. I understand I may revoke this authorization at any time by notifying Gill Children's Services in writing at 555 Hemphill Street, Suite 200, Fort Worth, TX 76104 of my intent to revoke this authorization. I understand that such revocation will not have any effect on any actions taken by Gill Children's Services, Inc. before the receipt of the revocation.

Parent/Guardian Signature

On behalf of minor

Date

Office Use Only

Date received: _____

Household ID #: _____

Client ID#: _____

Approved Denied: _____