



## 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 for Summer School Tuition Assistance for 2019?

Gill Children's Services helps children when all other resources have been exhausted. Before applying, please determine if your child meets the following requirements:

1. The student must be 0 - 18 years of age
2. The student must be a resident of Tarrant County
3. The student must be a middle school or high school student
4. The student must have good citizenship and attendance
5. The student must have failed to gain the skills necessary to advance to the next grade
6. The student must not have received any assistance from Gill Children's Services in the past
7. The student must not be eligible for any other assistance program

If your child meets all of these requirements, you may apply for assistance with summer school from Gill Children's Services.

## Application Instructions for Summer School Tuition Assistance

The following information can be faxed to (817) 332-6445 or mailed to 555 Hemphill Street, Suite 200, Fort Worth, TX 76104. The deadline to receive your complete application is 12:00PM the day before your district's registration. After this time, no applications will be accepted. Gill must have **ALL** of the following documents to process your request:

- Complete Application for Financial Assistance
  - \*Referral Form *\*filled out by school staff member*
  - Application (pages 1-4)
  - Acknowledgement and Authorization (page 5)
- Proof of Income (paycheck stub, letter from employer, etc.)

Please note that Gill Children's Services does not provide reimbursements. The student must have received an approval letter before Gill is responsible for payment. Gill will make every attempt to notify the parent or school staff member if an application is incomplete.

For questions, please contact:

Alex Estrada, Case Manager  
(817) 332-5070 ext. 101  
[aestrada@gillchildrens.org](mailto:aestrada@gillchildrens.org)



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## Referral Form: Summer School Tuition 2019

**To be filled out by school staff members only**

I recommend the following student for tuition assistance for the summer session of 2019.

|                        |  |                                   |
|------------------------|--|-----------------------------------|
| _____                  | _____                                  | _____                             |
| <i>Student Name</i>    | <i>Grade</i>                           | <i>School</i>                     |
| _____                  | _____                                  | _____                             |
| <i>School District</i> | <i>Summer school registration date</i> | <i>First day of summer school</i> |
| _____                  | _____                                  |                                   |
| <i>Parent Name</i>     | <i>Parent Phone Number</i>             |                                   |

Please list the classes that the student must take this session.

|                   |                   |                         |
|-------------------|-------------------|-------------------------|
| _____             | _____             | _____                   |
| <i>Class Name</i> | <i>\$ Tuition</i> | <i>Registration Fee</i> |
| _____             | _____             | _____                   |
| <i>Class Name</i> | <i>\$ Tuition</i> | <i>Registration Fee</i> |
| _____             | _____             | _____                   |
| <i>Class Name</i> | <i>\$ Tuition</i> | <i>Registration Fee</i> |

Explain why the student must attend summer school this session. Please include classes failed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If in high school, does the student have the option to drop electives next year to make up the failed classes?

N/A  Yes  No: \_\_\_\_\_

Will the student be promoted if he/she successfully completes this summer session?  No  Yes

Did the student's absences cause the failure?  No  Yes Number of absences: \_\_\_\_\_

Was there an extenuating circumstance for the student's absences?  No  Yes Please describe: \_\_\_\_\_

\_\_\_\_\_

Does the student have parental support or involvement?  No  Yes Comments: \_\_\_\_\_

\_\_\_\_\_

|                   |                     |              |
|-------------------|---------------------|--------------|
| _____             | _____               | _____        |
| <i>Staff Name</i> | <i>Position</i>     | <i>Date</i>  |
| _____             | _____               | _____        |
| <i>School</i>     | <i>Phone Number</i> | <i>Email</i> |



### Summer School Assistance 2019

**Section 1: Service Information**

- 1A. What do you need financial assistance with? List in order of importance.  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 1B. What is the total cost of what you are requesting? \$ \_\_\_\_\_  
How much are you able to contribute to the cost of the service? \$ \_\_\_\_\_  
How much are you requesting from Gill Children's Services? \$ \_\_\_\_\_
- 1C. Do you know who will be providing the services requested?  No  Yes: \_\_\_\_\_  
\_\_\_\_\_  
*Address* *Phone* *Fax*
- 1D. Please explain why you need Gill's assistance at this time. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 1E. 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. Do you have a relationship with anyone on Gill's staff?  No  Yes: \_\_\_\_\_
- 2C. Have you called 2-1-1 or visited [www.tarrantcounty211.org](http://www.tarrantcounty211.org)?  Yes  No
- 2D. Have you applied anywhere else for help?  
\_\_\_\_\_  
*Agency Name* *Reason for denial*
- 2E. Provide a contact as a reference (Social Worker, school counselor, case manager, etc.)  
\_\_\_\_\_  
*Name* *Organization (if applicable)* *Phone*
- 2F. In case we cannot reach you, please list nearest friend or relative.  
\_\_\_\_\_  
*Name* *Relationship* *Phone*

### Section 3: Child Information

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

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Gender:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Is the child a US Citizen?  Yes  No

Ethnicity:  Caucasian  African American  Hispanic  Asian  American Indian  Other \_\_\_\_\_

Insurance:  No coverage  Medicaid  CHIP  CSHCN  Other health/dental coverage: \_\_\_\_\_

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Gender:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Is the child a US Citizen?  Yes  No

Ethnicity:  Caucasian  African American  Hispanic  Asian  American Indian  Other \_\_\_\_\_

Insurance:  No coverage  Medicaid  CHIP  CSHCN  Other health/dental coverage: \_\_\_\_\_

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Gender:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Is the child a US Citizen?  Yes  No

Ethnicity:  Caucasian  African American  Hispanic  Asian  American Indian  Other \_\_\_\_\_

Insurance:  No coverage  Medicaid  CHIP  CSHCN  Other health/dental coverage: \_\_\_\_\_

This child needs Gill's assistance

Child's Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr., Sr.)*

Gender:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Is the child a US Citizen?  Yes  No

Ethnicity:  Caucasian  African American  Hispanic  Asian  American Indian  Other \_\_\_\_\_

Insurance:  No coverage  Medicaid  CHIP  CSHCN  Other health/dental coverage: \_\_\_\_\_

## 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 application.

This parent/guardian is the primary contact for this request

Relationship to child:  Mother  Father  Legal Guardian  Other: \_\_\_\_\_

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: \_\_\_\_\_

Employment: \_\_\_\_\_  Unemployed  
*Employer Address \$ Amount per month*

This parent/guardian is the primary contact for this request

Relationship to child:  Mother  Father  Legal Guardian  Other: \_\_\_\_\_

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: \_\_\_\_\_

Employment: \_\_\_\_\_  Unemployed  
*Employer Address \$ Amount per month*

**Section 5: Financial Information**

5A. How many people live in your household? \_\_\_\_\_

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                           | <input type="checkbox"/> No <input type="checkbox"/> Yes | Monthly Amount: \$ _____. |
| TANF                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes | Monthly Amount: \$ _____. |
| SNAP/Food Stamps                        | <input type="checkbox"/> No <input type="checkbox"/> Yes | Monthly Amount: \$ _____. |
| Social Security (Retirement or SSI/SSD) | <input type="checkbox"/> No <input type="checkbox"/> Yes | Monthly Amount: \$ _____. |
| Housing                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |                           |
| WIC                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes |                           |
| Other: _____                            | <input type="checkbox"/> No <input type="checkbox"/> Yes | Monthly Amount: \$ _____. |

**Office Use Only**

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

Missing documents: \_\_\_\_\_

Approved  Denied: \_\_\_\_\_ Initial: \_\_\_\_\_

Household ID #: \_\_\_\_\_ Client IDs#: \_\_\_\_\_

Known conflicts of interest with the applicant?  No  Yes: \_\_\_\_\_

**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.

|                                  |                           |             |
|----------------------------------|---------------------------|-------------|
| <i>Parent/Guardian Signature</i> | <i>On behalf of minor</i> | <i>Date</i> |
|----------------------------------|---------------------------|-------------|

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.

|                                  |                           |             |
|----------------------------------|---------------------------|-------------|
| <i>Parent/Guardian Signature</i> | <i>On behalf of minor</i> | <i>Date</i> |
|----------------------------------|---------------------------|-------------|