



Gill's Mission

Gill Children's Services provides last resort funding for Tarrant County children whose medical, dental, physical, social, psychological, or educational needs have not been met by other community resources.

Who can apply for Summer School Tuition Assistance for 2021?

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 summer school 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 dropped off at 555 Hemphill Street, Suite 200, Fort Worth, TX 76104 or emailed to alex@gillchildrens.org. 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 Grady, Case Manager
(817) 332-5070 ext. 101
alex@gillchildrens.org



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

Gill Children's Services

Referral Form: Summer School Tuition 2021

To be filled out by school staff members only

I recommend the following student for tuition assistance for the summer session of 2021.

_____	_____	_____	_____
<i>Student Name</i>	<i>Date of Birth</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>	<i>Parent Email</i>	

Please list the classes that the student must take this session. *Gill may only approve up to two classes.*

_____	_____	_____
<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: _____

This form was filled out by:

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



Summer School Assistance 2021

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? Yes No
- 2D. Have you applied anywhere else for help?

Agency Name Reason for denial

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.)

Date of Birth: ___/___/____ Gender: Male Female 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.)

Date of Birth: ___/___/____ Gender: Male Female 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.)

Date of Birth: ___/___/____ Gender: Male Female 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.)

Date of Birth: ___/___/____ Gender: Male Female 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.

<input type="checkbox"/> This parent/guardian is the primary contact for this request					
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____					
Name: _____					
<i>First</i>		<i>Middle</i>		<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
Contact Information: _____					
<i>Cell Phone</i>		<i>Home Phone</i>		<i>Email</i>	
Address: _____					
<i>Number</i>		<i>Street</i>		<i>Apt.</i>	<i>City</i>
				<i>State</i>	<i>Zip</i>
Marital Status: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____					
Employment: _____					
<i>Employer</i>		<i>\$ Amount per month</i>			
<input type="checkbox"/> Unemployed Unemployment benefits: _____					
		<i>\$ Amount per month</i>			

<input type="checkbox"/> This parent/guardian is the primary contact for this request					
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____					
Name: _____					
<i>First</i>		<i>Middle</i>		<i>Last</i>	<i>Suffix (Jr., Sr.)</i>
Contact Information: _____					
<i>Cell Phone</i>		<i>Home Phone</i>		<i>Email</i>	
Address: _____					
<i>Number</i>		<i>Street</i>		<i>Apt.</i>	<i>City</i>
				<i>State</i>	<i>Zip</i>
Marital Status: _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____					
Employment: _____					
<i>Employer</i>		<i>\$ Amount per month</i>			
<input type="checkbox"/> Unemployed Unemployment benefits: _____					
		<i>\$ Amount per month</i>			

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	\$ _____.
Medical Bills	\$ _____.
Major Credit Cards (Total Balance: \$ _____)	\$ _____.
Loans (Total Balance: \$ _____)	\$ _____.
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.

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