



- Central Texas Behavioral Solutions • (254) 554-1466 • www.ctbs.co •

GRANT APPLICATION

What type of grant am I applying for?

CTBS hosts a 5K fund raising event annually to provide monies for families to use specifically for ABA (Applied Behavior Analysis) Therapy. While the grants are not provider specific, we will take into consideration need when choosing how to allocate the grants. The number of grants we are able to award are dependent upon the amount of money we are able to raise each year.

How much is the grant?

CTBS awards grants in the amount of \$1,000. This can be used to pay out of pocket for ABA Therapy or, in some cases, to cover copays or coinsurance.

Who awards the grants?

CTBS has an independent review committee made up of professionals who are NOT employed by CTBS. After reviewing all applications turned in by the deadline, the committee will decide how to award the grants.

How do I turn in the grant application?

You may turn in your application via email at ctbs_tindell@yahoo.com

OR

Turn in in person to the Killeen CTBS clinic at:

Oak Creek Community
1020 Trimmier Rd
Killeen TX 76542

CHILD/APPLICANTS PERSONAL DATA		
LAST NAME	FIRST NAME	MI
STREET ADDRESS		
CITY	STATE	ZIP
AGE	BEST PHONE NUMBER	ALTERNATE PHONE NUMBER
EMAIL		



• Central Texas Behavioral Solutions • (254) 554-1466 • www.ctbs.co •

AUTHORIZATION

I acknowledge that the committee appointed by Central Texas Behavioral Solutions (CTBS) will rely on the information in this application while making its decision about this request. I authorize CTBS to consult with, or release information to any person whom they deem necessary to verify this information and the request. I understand it is sometimes necessary for CTBS to do this in order to make its decision about my request. I also understand that CTBS will use an independent committee to assist with assessing my request. Any funds awarded will be paid directly to the ABA Therapy Provider on behalf of the child. For this to occur, I understand that CTBS will need to be in contact with my child's ABA provider/company. I give my permission for this communication to occur and for this information to be released. Any funds not used within one year of awarding will go back into the CTBS Grant Fund for future ABA grants.

Signature: _____
Parent/Legal Guardian of Applicant

Date: _____



• Central Texas Behavioral Solutions • (254) 554-1466 • www.ctbs.co •

PROVIDER REFERRAL FORM			
(To be filled out by child's current ABA Provider, if applicable)			
Child's Last Name	First Name	MI	
Date of Birth	Age	Male	Female
PROVIDER REFERRAL FOR SERVICES			
(Must provide a treatment plan with each referral)			
Purpose of referral:			
Describe problem or need:			
ESTIMATED COST OF SERVICES PER HOUR:	REGULAR RATE	DISCOUNTED RATE	
HOURS PER WEEK:			
Provider's justification for grant to be awarded:			

THIRD PARTY INFORMATION	
(If another provider other than CTBS)	
Third Party/Company Name:	
Third Party Address:	
Third Party Phone:	
Third Party Email:	
Appropriate Contact Person for Third Party/Company	
Name:	Phone:

Referring Provider's Signature _____

Date: _____