





## Section 6: Signature

With your signature you are confirming that you have filled out this form completely and truthfully.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian printed name \_\_\_\_\_

Maximum chances will use the information that you provide to evaluate your request of assistance and determine our ability to provide assistance. We will not share your information with a third party outside of our organization other than as necessary to evaluate your request for assistance.

### NON-DISCRIMINATION POLICY

Maximum Chances does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, or sexual orientation, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provisions of services.

#### **Please complete the form and mail to:**

MAXimum Chances  
4843 Colleyville Blvd. Suite 251-320  
Colleyville, TX 76034

Please call 214-632-7739 or email **MAXIMUMCHANCES@gmail.com** with questions.

### **Application Checklist**

MAXimum Chances is only able to evaluate complete applications. Please submit paper copies of all information; MAXimum Chances cannot accept electronic copies. ***No application will be considered until all of the following is submitted.***

- Complete application (no questions left blank)
- Autism diagnosis with name of diagnostician/developmental pediatrician clearly noted
- Tax returns from 2 most recent tax years
- Consent, Release, Waiver, and Indemnification Agreement (Consent Form link on website)