



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 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?

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. There are a few options to apply:

- Apply in person at our office
- Fill out the paper application and mail to 555 Hemphill Street, Suite 200, Fort Worth, TX 76104
- Apply online at www.gillchildrens.org/apply

Application Instructions

Whether you apply by paper or online, you must include the following information. 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)
- Income Verification (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
alice@gillchildrens.org

For all non-dental requests, contact:
Alex Estrada Grady, Case Manager
(817) 332-5070 ext. 101
alex@gillchildrens.org



Application for Financial Assistance

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*
- 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*

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.

<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>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____			
Insurance: <input type="checkbox"/> No coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> CSHCN <input type="checkbox"/> Other health/dental coverage: _____			

<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>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____			
Insurance: <input type="checkbox"/> No coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> CSHCN <input type="checkbox"/> Other health/dental coverage: _____			

<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>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____			
Insurance: <input type="checkbox"/> No coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> CSHCN <input type="checkbox"/> Other health/dental coverage: _____			

<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>
Date of Birth: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is the child a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____			
Insurance: <input type="checkbox"/> No coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> CSHCN <input type="checkbox"/> 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.)

Contact Information: _____
Cell Phone Home Phone Email

Address: _____
Number Street Apt. City State Zip

Marital Status: _____ Language: English Spanish Other: _____

Employment Status:

Unemployed Employed Part-Time (<35 hours per week) Employed Full-Time (35+ hours per week)

Employer: _____

Monthly Income before taxes: \$ _____ Monthly Income after taxes: \$ _____

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.)

Contact Information: _____
Cell Phone Home Phone Email

Address: _____
Number Street Apt. City State Zip

Marital Status: _____ Language: English Spanish Other: _____

Employment Status:

Unemployed Employed Part-Time (<35 hours per week) Employed Full-Time (35+ hours per week)

Employer: _____

Monthly Income before taxes: \$ _____ Monthly Income after taxes: \$ _____

Section 5: Financial Information

5A. How many people live in your household? _____

5B. Does the household receive any of the following income or benefits?

- 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: \$ _____.
- Unemployment No Yes Monthly Amount: \$ _____.
- Housing No Yes
- WIC No Yes
- Other: _____ No Yes Monthly Amount: \$ _____.

5C. Please list the family's monthly expenses.

- Rent/Mortgage \$ _____.
- Electricity \$ _____.
- Gas \$ _____.
- Water \$ _____.
- Food/Groceries (Do not include SNAP/food stamps) \$ _____.
- Car Payment \$ _____.
- Car Insurance \$ _____.
- Gas/Transportation \$ _____.
- Child Care \$ _____.
- Cell Phone \$ _____.
- Internet \$ _____.
- Subscriptions \$ _____.
- Hygiene/Personal Expenses \$ _____.
- Health Insurance Premium \$ _____.
- Medical Bills (Total Balance: \$ _____) \$ _____.
- Credit Cards (Total Balance: \$ _____) \$ _____.
- Loans (Total Balance: \$ _____) \$ _____.
- Other (Please specify): _____ \$ _____.

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