

FAMILY DIABETES RESOURCE CENTER OF TEXAS  
Application for Financial Aid

FDRC. Financial Aid applicants are notified of award in advance of the program by phone, email or regular mail.

Name

Address

Date of Birth

Own or rent (please circle)

Please provide a copy of lease or mortgage with application

Name of parent or guardian

Relationship of person completing form

Home phone

Cell phone

Work phone

Email

Please submit all w-2 forms from all working persons living in household.

Name

Place of Employment

Position

Work number

Mother

Father

Step-parent  
Step-parent  
Foster parent  
Custodial Grandparent

Number of people living in household which diabetic resides

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Family Income – Total for all living in the household

Salaries and Wages      \$ \_\_\_\_\_

Other sources of income      \$ \_\_\_\_\_

(Disability, social security,  
Retirement, unemployment,      \$ \_\_\_\_\_

Child support)  
\$ \_\_\_\_\_

\$ \_\_\_\_\_

Provide diagnostic proof for person living with diabetes or Doctors letter stating name and the diagnosis for Type 1 or Type 2 Diabetes.

Please answer the following question

Is person living with diabetes a child?

If so, please list birth date.

Is household eligible for Medicaid or CHIP?

If yes, please provide Medicaid or Chip number. (required)

If no, have you applied?

(If you were denied, please provide denial letter)

Does person living with diabetes have private health insurance?

Signature

Date

FDRC does not guarantee support nor do we make any promises of support. Applications will be chosen based on availability of funds and demand of need.

FDRC is not a counseling service nor do we provide medical advice.

This form must be completed and signed in order to receive financial assistance for diabetes related expenses offered by FDRC.