

Date: \_\_\_\_\_

## REQUEST FORM

### Therapeutic (sensory) supplies

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#### PARENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

How did you hear about us?

- ☐ I live/work in area ☐ I was referred by \_\_\_\_\_  
☐ Social media ☐ Other \_\_\_\_\_
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#### CHILD INFORMATION

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of the sensory item: \_\_\_\_\_

Description of the item: \_\_\_\_\_

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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

***I understand that by completing this request form I am sharing my personal information with The Francois Foundation for Autism.***

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*The Francois Foundation for Autism mission is to help and support autistic children with therapeutic supplies, educational supplies and support families and caregivers. One therapeutic supply is available per year. (one item per child)*

*Danielle Francois*  
Founder/ President

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