

4645 TWP RD. 146 NE · SOMERSET, OHIO 43783
PH (614) 580-3699 · scoconis@naaseo.org



GRANT APPLICATION

Autism is preventable, treatable and reversible!! Children all across the globe are losing their autism diagnosis and reversing the symptoms of autism because of biomedical interventions. *The Cure Autism Now Project* provides local families with financial assistance in getting the necessary biomedical treatments for their autistic child. This grant is intended only for biomedical treatments by a DAN! (Defeat Autism Now!) or MAPS approved physician. In order to qualify for this grant you must be working with an approved physician. You do not have to have a DAN!/MAPS physician at the time of the application. If you are selected for this grant the NAA-SEO staff will assist you in finding an approved physician. For information on locating physicians please refer to the contact information above. **Do not apply for this grant if you are seeking funds for traditional therapies, medical supplies, or diet needs, etc. Please see the Pieces to the Puzzle Grant.**

Please completely review the following information before filling out this application. Please print clearly. Illegible applications cannot be considered.

Applications will be reviewed as they are received and will be kept eligible through the end of the year. Please email questions to scoconis@naaseo.org.

Frequently Asked Questions

Q: How do I know if my child qualifies for help from the National Autism Association-Southeast Ohio?

A: Your child must meet two basic criteria to apply:

1. Reside in the counties of Muskingum, Perry, Morgan, Coshocton, or Guernsey, other SEO counties.
2. Diagnosed with an autism spectrum disorder.

Q: How much money can I request?

A: The maximum amount we can award per child is a one-time per year grant of \$1,500 paid directly to the physician.

Q: How do I apply for assistance from the National Autism Association-Southeast Ohio for my child?

A: First, review the two basic criteria. If you meet these, complete a **GRANT APPLICATION**. The application consists of 3 parts: a completed application form, a letter from your child's physician that confirms your child's diagnosis, and a letter from the parent how this grant will affect his/her child.

Q: Are grant funds paid directly to families?

A: At no time are funds transferred to families. All grants awarded are paid directly to the physician or service provider to pay for supplements/medication, medical evaluation or testing.

Q: I've sent my application in. How long until I know if my application has been approved?

A: Once we have received all components of the application (completed application form, doctor's letter, and tax returns, if applicable), your application will be reviewed by the NAA staff. No awards will exceed \$1000 per child at this time.

ONLY APPROVED GRANT RECIPIENTS WILL BE CONTACTED BY NAA. If you want to confirm receipt of your application, mail with Return Receipt requested or Delivery Confirmation from the post office.

Q: I have health insurance. Can I still apply for assistance?

A: Yes.

Q: I'm not sure if this request falls within the grant guidelines. Should I still send in an application?

A: If your request is for something other than biomedical treatments for your child with autism, it does not fall within the grant guidelines.

Q: We have so many medical bills, we're having trouble paying the rent/electric /water/telephone bills. Can NAA help us?

A: The guidelines of this grant do not allow payment for anything other than biomedical treatments, supplements or therapies for your child with autism.

Application Checklist

1. Completed application form

2. Doctor's letter

3. Letter of intentions/requests

APPLICATION FORM

CHILD

Name: _____ Age: _____ Date of Birth: _____

MOTHER

Mother's Name: _____

Marital Status: _____ Telephone: _____ Email: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

FATHER

Father's Name: _____

Marital Status: _____ Telephone: _____ Email: _____

Street/City/Zip: _____

Employer: _____ Telephone: _____

Employer Address: _____

Number and ages of other dependent children: _____

Diagnosis of Disability: _____

Outline of funding requested (Limit - \$1,500 maximum):

\$ _____ (Be specific with your request and include all costs.)

Doctors involved in child's treatment:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name of other agencies or services also contacted for funding:

Please indicate which have been contacted and total amount requested or received (if any).

Have you previously received funding from NAA? Yes _____ No _____

The above information is freely given to expedite this grant request.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PLEASE NOTE: ONLY APPROVED GRANT RECIPIENTS WILL BE CONTACTED BY NAA.

This application cannot be considered until this form is completed legibly, signed, and all supporting documents (including doctor's letter) are received. The information included in this application is confidential and for NAA use only. Please keep a copy for your records.