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

No. :_____ Date Received: _____

Financial Aid for Autism Families

GRANT APPLICATION

Autism is preventable, treatable, and reversible! *The Pieces to the Puzzle Grant* provides families with financial assistance in getting necessary biomedical treatments, supplements and therapy services for their autistic child. This grant covers both traditional and non-traditional therapies. **Do not apply for this grant if you are seeking funds for respite care, swing sets, trips to Disney World, etc.**

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 recieved and will be kept eligible a year after recieved. 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, and other SEO counties.
2. Diagnosed with an autism spectrum disorder or other neurological disorder.

Q: How much money can I request?
A: The maximum amount we can award per child is a one-time grant of $500 per year.

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 detailing how the money will be used and how it benefits the 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 vendor or service provider to pay for tuition, supplements/medication, medical evaluation or testing, therapies, etc.

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 $500 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, supplements, special diet considerations, special equipment or therapies for your child with autism, it does not fall within the grant guidelines. If you are unsure please contact us prior to submitting an application.

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**

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.

APPLICATION FORM

CHILD

Name: _____ Age:_____ Date of Birth: _____

School District _____

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 - $500 maximum):

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

_____

_____

_____

Doctors/Caregivers 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:_____