

## Ben's Fund Autism Grant Instruction Page

Ben's Fund provides support to Washington state families in need to help cover costs associated with medical bills, therapies and numerous other aspects of supporting a child or young adult on the autism spectrum. Ben's Fund is available for up to \$1,000 per qualifying child or young adult, per award year. Please contact [info@bensfund.org](mailto:info@bensfund.org) with any additional questions.

To apply, please complete the application in accordance with the following grant instructions and mail to:

Ben's Fund  
PO Box 1317  
Bellevue, WA 98009

### Grant Eligibility

- Must have a documented autism spectrum diagnosis.
- Age of applicant must be 23 yrs. of age or younger.
- Your place of residence must be a Washington state address.
- Have financial need, indicated by financial documents and extenuating circumstances.
- The requested equipment or service must be directly related to the child's autism treatment.
- If you have health insurance, you are still eligible for this grant.

### Grants Assist Children and Young Adults with Autism Gain Access to:

- **Therapies:** ABA, OT, PT, speech, service animals, etc.
- **Therapeutic Equipment:** iPads, laptops, swings, weighted blankets, sensory items, items to increase social and life skills etc.
- **Safety Equipment:** Personal & home safety, etc.
- **Services:** Swim, music, horse riding lessons, etc.
- **Camps:** Summer, social and specialty, etc.

### Additional Information

- Preference will be given to families showing financial need. Extenuating circumstances are considered.
- Items not covered under this grant include: Respite, autism diagnostic appointments, travel, reimbursements, gift cards, medication not administered by a physician, or for past due services that you are no longer receiving.
- All iPads are purchased directly through Apple Inc., and require a case and Apple Care+. Visit our website for iPad pack options.
- Once your application is received and processed, you will be notified via email.
- If complete, your application will be sent for review at the next monthly Ben's Fund Committee meeting. You will be contacted via email of a decision. Please allow an estimated 45-60 days to process your complete application.
- If incomplete, we will contact you for required documentation. If not completed by 6 months, the application will expire and you will need to fully reapply.
- Further documentation may be requested and submitting an application does not guarantee an award.
- If eligible, you may be awarded once every 12 months from date of previous award.
- If awarded, funds will go directly to the service provider, vendor, retailer or organization listed on the grant application. Funds will not be paid directly to the family. Once awarded your request cannot change.
- We cannot register the applicant for services or programs. You must pre-register and make payment arrangements before you apply.

# Ben's Fund Autism Grant Application

## Applicant Information: All fields must be filled out legibly

Childs Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Mailing Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Childs Age / DOB: \_\_\_\_ Yrs / /

Is this applicant a previous Ben's Fund recipient: **Yes** or **No** Do you give permission for media coverage? **Yes** or **No**  
If **YES**, when was the last award date?j How did you hear about Ben's Fund?

## Contact Details for Payment \*if applicable

For multiple vendors please provide this info for all vendors on a separate page.

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Billing Email\*: \_\_\_\_\_ Billing Phone\* # \_\_\_\_\_

Website: \_\_\_\_\_ Amount Requesting: \$ \_\_\_\_\_

## Required Documents Checklist

Family Story: 1-2 pages. Please share why you are applying for a grant and how the services or equipment will assist your child as an autism service or tool. Please include any extenuating circumstances so that these may be considered.

Autism Diagnosis: A copy of the applicant's official autism diagnosis or a signed letter from a MD. or ARNP.

Financial Document: A copy of your current 1040 (tax return) must list child as a dependent and gross adjusted income. SSI Document is accepted if you did not file taxes.

Referral letter: Must be signed by a Doctor, Therapist or Special Ed Teacher specifically recommending the specific request, clearly stating how it will benefit the child's autism treatment. Must be on service providers letterhead.

Invoice/Statement: For *equipment*, can be an invoice, list or website shopping cart and should include; exact item/s, cost, total, taxes and shipping. For *Service requests* must include the exact amount outlining patient balance requesting. For Communication Devices requests please visit our website for iPad pack options.

## Disclaimer

I understand that false or misleading information in my application may result in losing my grant if awarded, being required to return disbursed funds or other actions against me. If awarded a grant, The Seattle Foundation will be held harmless for any outcomes from using awarded service or equipment, nor are they responsible for additional expenses, replacement, installation, maintenance.

I understand that all funds will be sent directly to that provider/business; funds are **nontransferable**, and can **ONLY** be used for the specific item requested. Checks not cashed within 90 days will be canceled. If I am unable to use the funds, funds must be sent back to Ben's Fund at which point you may reapply for a different request. The equipment or services may not be used, returned or exchanged for any reason other than the intended purpose of the grant request.

I understand that submitting this application is no guarantee I will receive a grant. The Ben's Fund Review Committee reserves the right to approve or deny grants according to their policy and procedures. No applicants will be discriminated against on the basis of his/her race, sex/gender, religion/creed, physical or mental disability, marital status, national origin or other similar factors. The information provided with this application is confidential and Ben's Fund is HIPPA Compliant. *I certify that by submitting this application that I understand the terms of this grant, and that my answers are true and complete.*

Signature \_\_\_\_\_

Date \_\_\_\_\_