

## Ben's Fund Autism Grant Instruction Page Young Adult

Ben's Fund provides support to Washington state families in need to help cover costs associated with therapies, equipment, and numerous other aspects of supporting a child or young adult on the autism spectrum. Ben's Fund grants are 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, **SIGN** 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 25 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 applicant's autism treatment.
- If you have health insurance, you are still eligible for this grant.

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

- **Therapies:** ABA, OT, PT, Speech, etc.
- **Therapeutic Equipment:** iPads, laptops, job skill tools, sensory, items to increase social and life skills etc.
- **Safety Equipment:** Personal & home safety, etc.
- **Services:** Social Skills, job training, higher education, swim, music, service animals, etc.

### Additional Information

- Preference will be given to applicants 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.
- 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.
- Further documentation may be requested and applying 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 applicant.
- Once awarded your request cannot change.
- You may apply for an iPad once every two years.
- We cannot register the applicant for services. You must pre-register and make payment arrangements before you apply.

## Ben's Fund Autism Grant Application- Young Adult

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

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

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

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

Guardian Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ 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?      How did you hear about Ben's Fund?

### Required Documents Checklist

- \_\_\_ **Family Story:** Not to exceed two pages, please introduce us to you/ your family, and share why you are applying for a grant, and how it will assist you. Please include any extenuating family circumstances.
- \_\_\_ **Autism Diagnosis:** Please provide a copy of applicants official autism diagnosis including the signature of the medical professional. In lieu of the official diagnosis, a confirmation letter from a medical professional with the credentials to diagnose an autism spectrum disorder is accepted. We accept the following professionals as qualified to diagnose: Board eligible neurologists, MDs, PHDs, board eligible psychiatrists, licensed psychologists, board certified developmental and behavioral pediatricians, ARNPs, and COE providers with those credentials.
- \_\_\_ **Financial Document:** We accept two forms of financial documents: (1) A 2022 1040 tax return listing your gross adjusted income or (2) The applicant's most recent Supplemental Security Income (SSI) Award Letter .
- \_\_\_ **Referral letter:** Must be dated within one year, on letterhead, and signed by a Doctor, Therapist, Special Ed Teacher or someone who works with the applicant's autism treatment. Letter should recommend every piece of equipment or service requested, clearly stating how it will benefit the applicant's autism treatment. Requests not referred will not be considered.
- \_\_\_ **Invoice/Statement:** This document should show us what you are requesting, where to purchase the request and total amount requesting. You may request up to \$1,000 per award year.

*Equipment requests* should be an invoice, product print out or website shopping cart and include item description, and price including taxes and shipping. You may request equipment from up to **3** vendors, and no more than **20** items.

*Service requests* must include the provider contact and billing address, outlining the patient balance due and indicate that you are still receiving services. If you are requesting a service that you are not yet attending, we accept an estimate for future services. We do not fund the insurance portion of a bill, nor do we provide funds for therapy if you are not continuing the service.

*iPad requests:* please see 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** \_\_\_\_\_