



Grant Requirements

Important: This page is a guide to help you prepare your application—it is not the application itself. You will need to submit your application online when the quarterly application window opens.

Ben's Fund Grant Overview

Ben's Fund provides financial assistance to children and young adults with autism to help them access equipment and services they might not otherwise be able to obtain.

Families can apply for up to **\$1,000 per year, per child** to support the needs of their child or young adult.

Ben's Fund **purchases all approved items and services directly** and sends them to awardees — **no funds are given directly to families**

Eligibility

To be eligible you must:

- Ages 0–25
- Washington residents
- Have an autism diagnosis
- Requests must be recommended as a **medical necessity** for treating autism
- Income at or below **400%** of the current Federal Poverty Level below
- Provide all required documents

Household size	Adjusted Gross Annual Income
For an independent young adult	\$62,600
For a family of 2	\$84,600
For a family of 3	\$106,600
For a family of 4	\$128,600
For a family of 5	\$150,600
For a family of 6	\$172,600
For a family of 7 +	\$194,600

What Can I Apply For?

Families can request funding for:

- Therapeutic equipment
- Therapy
- Services
- Assistive technology
- Camps
- Security or safety equipment

Please view our **Ben's Fund Request Eligibility Guide** at the end of this document. If you are unsure whether your request is eligible, please reach out to us - we'll be happy to help.

Who Can Apply

Eligible families must submit the application themselves, or young adults. **Service providers** may **not** apply on behalf of the families or create Submittable accounts for clients.

When to Apply

Applications are accepted and awarded quarterly:

Grant openings in 2026: Jan. 5, Apr. 1, July 6, Oct. 1 @ 10 am PST

The application window will close once we reach the maximum number of grants for that quarter. We encourage you to apply as soon as the grant opens.

How to Apply

Ben's Fund is now an online grant request program.

Our grant application is managed through a secure platform through Submittable, where you can apply, save drafts, email the Team at Ben's Fund and track your application history.

Please visit www.bensfund.org to apply for our grant.

Before You Apply

Please determine your eligibility, and then gather all required documents before you apply. Only complete applications with all necessary documents will be accepted.

Timeline

We aim to review completed applications and notify families of decisions within 90 days. If you are requesting funding for summer camps, please apply in the 1st or 2nd quarter so a decision can be made before camp starts.

Required Documents

To apply for the Ben's Fund grant, you must upload **all required documents** when you submit your application. Please review the information below carefully — incomplete applications **cannot be accepted or reviewed**.

✓ **When you apply online, you will need to upload the following documents:**

1. Family Story

Please introduce all members of your household. Then, in as many words as you feel comfortable, tell us about your child or young adult and how the requested equipment or services will support their autism journey.

If there are any extenuating family circumstances you would like us to consider, please feel free to include them. Your story helps us better understand your needs and how we can best support you.

You can either type your family story directly in the online application or upload it as a file.

2. Autism Diagnosis

Provide a letter or full evaluation from a qualified professional confirming your child's autism diagnosis. The document must include:

- Child's name and DOB
- Confirmation of diagnosis
- Service provider's signature (digital signatures are accepted)

If an official diagnosis is unavailable, a letter from a qualified medical professional with ASD-diagnosis credentials is accepted.

Accepted professionals for an Autism Diagnosis: A licensed neurologist; A licensed psychiatrist; A licensed psychologist; A licensed developmental and behavioral pediatrician; A center of excellence as defined in WAC [182-531A-0200](#); or One of the following professionals associated with an autism center or developmental center: A licensed physician; An ARNP; A physician assistant; or A naturopathic physician.

Note: Provisional Diagnosis & School IEPs are not accepted.

3. **Income Documents**

To qualify, your family's household income must be at or below 400% of the current Federal Poverty Level (FPL), based on household size. Please see table below to determine your eligibility.

You must submit either **A or B** , plus **C** if applicable.

A) If you file taxes

Submit your **2024 or 2025 IRS-Filed Tax Return (Form 1040)** for all household members – showing dependents.

- If you get SSI and filed taxes, please submit your 1040.

B) If you did NOT file Taxes

Submit your **2026 SSI Award Letter, dated with the last 90 days**, listing your child as a beneficiary.

✗ If you do NOT file a 1040 tax return and do NOT receive SSI: You will need to file a 1040 tax return before you can apply.

C) Additional Income (if applicable)

You must also upload documentation for **any additional income not listed on your 1040**, including and not limited to:

- Child Support
- Social Security
- SSDI
- Pensions

- 1040s for all household members, if separate

Please have these documents ready to upload.

Notes:

- Young adults 18–25 must include household income if living with guardians
- If your child is claimed on someone else's **2024 or 2025 IRS Tax Form 1040**, contact us for guidance
- Additional documents may be requested to verify income and residency, but cannot replace the required documents above
- Applications from families above our income limit are rarely accepted. Extenuating circumstances should only be included if truly extraordinary.
- We do **not** accept W-2s, 1099s, bank statements, 1040s from before 2024, SSI award letters older than 90 days, Social Security, SSDI, Washington State Department of Social and Health Services (DSHS), or Apple Health.


4. **Referral Letter**

Provide a referral letter from a qualified professional (doctor, therapist, special education teacher, or other professional supporting your child's autism treatment) recommending all equipment or services you are requesting as a **medical necessity**.

Referral letters must come from professionals who are qualified to recommend items or services in their field.

Each letter must:

- Be dated within one year
- Be on official letterhead from the service provider
- Be signed (digital signatures are accepted) by the professional
- Clearly explain how each item or service will support your child's autism treatment
- Any items not listed in the letter will not be considered
- If young adults do not have access to the professionals listed above, we can accept a referral letter from a case worker

 **Tip:** An accepted professional who diagnoses autism can confirm the diagnosis and provide the referral in the same letter.

5. Invoice or Estimate:

To make the application process easier, please be prepared to:

1 Choose your request type

- You can select up to **3** types of items or services: **Therapeutic, Equipment, Safety Equipment, Therapy, Services, Camps, or Assistive Technology.**
- You may request up to **20** items in total from no more than **3** vendors.

💡 **Tip:** Focus on higher-value, meaningful items that can make the biggest impact and may otherwise be out of reach

2 Prepare your Invoice Table

It helps to gather this information ahead of time. You will enter it into the online Invoice Table when applying, so having a draft ready will make the process faster and easier.

You will need to list each item separately, including:

- **Item name**
- **Cost** (with tax and shipping)
- **Direct website link or vendor/service provider.**
- You may request up to **20** items in total from no more than **3** vendors.

For **iPads** (Assistive Technology), select your iPad from our online pack options and use that info in the table.

Invoice Table example:






ITEM	ITEM COST (\$)	LINK TO ITEM / SERVICE PROVIDER INFO
Weighted Vest	82.59	harkla.co/products/weighted-compression-vest
Pack 1: iPad 128 GB, 10.9"	525.00	Ben's Fund
Therapy	392.41	Sunshine Therapy

3 Gather your invoices (if applicable)

- **Services, camps, or therapies,** must have an **invoice or estimate** ready to upload.
- **Therapeutic & safety equipment or Assistive Technology (non iPad) : upload only if it is a vendor quote for a large item (for example, a Springfree Trampoline).).**
 - Do **not** upload general website lists.

- Instead enter the website links for this type of request in your Invoice Table.

Guidelines to keep in mind:

-  **Grant Limit:** Grants cannot exceed **\$1,000 total**, including tax and shipping.
-  **Referral Letters:** Only items listed in your referral letter can be funded.
-  **Purchases & Shipping:** Ben's Fund purchases items **directly from vendors** and ships them to your home — funds are **not given to families**.
-  **Service Registration:** Ben's Fund **cannot register your child** for a service.
-  **Payment:** If awarded, we purchase all items at once and make a **one-time payment** to the service provider you requested.

Application Assistance

Please contact the **Ben's Fund Team** at info@bensfund.org if you need help with your application.

Families must submit the application themselves, although service providers can assist with the process. Please note that service providers **cannot submit applications on behalf of the family**.

Terms of Use

When you submit your application, you will be agreeing to the following:

1. **True and Complete Information:** You will provide true and complete information. If any information is false or misleading, your grant may be denied, or you may be required to repay awarded funds.
2. I confirm that I am the **parent or legal guardian** of the applicant. I am submitting this application **personally** and have **not authorized any service provider or third party** to submit it on my behalf.
3. **Use of Funds:** All funds will be paid **directly to the approved vendor or service provider**. You may only use the funds for the items or services listed in your application. Funds cannot be transferred, sold, exchanged, or used for anything else.
4. **Responsibility for Awarded Items/Services:**
If you are awarded a grant, The Seattle Foundation, Ben's Fund, and related parties are not responsible for how the awarded services or equipment are used. They are also not responsible for additional expenses, replacement, installation, or maintenance of the items or services.

5. Unclaimed or Unused Funds

- **Checks:** Any check issued to a vendor or provider that is **not cashed within 90 days** may be canceled.
 - **Unused funds:** If awarded service funds are not used as intended, you must take action to have the service provide return them within **90 days**.
 - **Grant usage:** You have up to **9 months** to use the awarded grant funds for the approved items or services.
6. **No Guarantee of Funding:** Applying **does not guarantee funding**. The Ben's Fund Review Committee may approve or deny requests based on established policies and procedures, which may change over time.
 7. **Confidentiality:** All information you provide will be **kept confidential** and handled according to HIPAA standards.
 8. **Anti-Discrimination:** No applicant will be discriminated against based on race, sex/gender, religion, creed, disability, marital status, national origin, or similar factors.
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Ben's Fund Grant Application – Checklist

Before You apply, make sure you have:

☐ **Family Story**

☐ **Autism Diagnosis**

☐ **Income Documentation**

- Option A: 2024 or 2025 IRS Form 1040 for all household members
- Option B: 2026 SSI Award Letter (dated within 90 days)
- Additional income (if applicable): Child Support, Social Security, SSDI, Pensions, or other 1040s

☐ **Referral Letter**



☐ **Invoice / Estimate**

1. Choose request type (Therapeutic, Equipment, Safety Equipment, Therapy, Services, Camps, Assistive Technology)
 - Up to 3 types, 20 items max, 3 vendors max
2. Prepare Invoice Table – item, cost (with tax & shipping), vendor/website link. For iPads: select online pack options from Ben's Fund
3. Invoices/quotes if available

Ben's Fund Request Guide

Below are examples of previously approved requests, along with items or services that are **ineligible** or have **specific limitations**.

- Only **trusted and reliable vendors** may be used.
- This list is **updated periodically**.
- If you are unsure whether your request is eligible, please **contact us at info@bensfund.org**

Example of Approved Requests 	Ineligible Requests 
Assistive Technology	
Communications Apps	Air Tags (Apple) or any GPS not intended for human use.
iPads (see Ben's Fund Pack options).	All Amazon items must be eligible for Amazon Prime; non-Prime items cannot be approved
Laptops & Computers (Teens & Young Adults)	Autism Diagnosis Appointments
Camps (year-round) Below are examples and are not limited to these options.	Best Buy is an ineligible vendor
APEX	Cash Assistance
Aspiring Youth	Cell Phones for anyone under 13 yo.
Boys & Girls Club	Class 2 E-Bikes or Scooter
Camp Andy	Class 3 E-Bikes or Scooter
Connections Behavior	Downpayments
Rosemary White	Educational services or childcare unrelated to autism treatment
Outdoors for All	Gift Cards
Safety Equipment:	Household Appliances: not recommended by a medical professional.
Angel Sense GPS	Household Furniture: Couches, Recliners, Tables, Bed Frames, Dressers, and other general use home furnishings.
Adaptive Car seat Harnesses	Housing Assistance

Car seats & Booster Seats	Mattresses, not recommended by a medical professional qualified to diagnose autism.
Child proof locks	Medication or Supplements not administered by a medical professional.
Door Alarms	Non-Adaptive Clothing & Shoes
Fencing	Past due services that you are no longer receiving
GPS Watches (Apple Watches must come with 2 Year Apple Care Warranty)	Pools not recommended by a medical professional qualified to diagnose autism.
Security Cameras	Requests exceeding \$1,000 will not be considered unless prior arrangements for split payment have been made with Ben's Fund and the vendor.
Services:	Reimbursements
Anesthesia Services	Respite
Athletics	Subscriptions or Automatic Reoccurring payments
Art Lessons	Travel & Transportation
Legal Fees for Disability Advocacy	
Music Lessons	
Rythens	
Service Animal Training	
Swimming Lessons	
We Rock the Spectrum	
Therapy: Co-Pays, Deductibles, those covered & not covered under insurance are eligible.	
ABA Therapy	
Aquatic Therapy	
Equine-Assisted Therapy (Hippotherapy)	
Cognitive Behavioral Therapy	

Neurofeedback Therapy	
Occupational Therapy	
Physical Therapy	
Social Skill Groups	
Speech Therapy	
Vision Therapy	
Therapeutic Equipment:	
Adaptive Clothing & Shoes: Clothing and shoes must be clearly identified as adaptive by the vendor.	
Bicycles & Scooters , helmet required	
Blackout Curtains & Tents	
Calming Tools	
Crash pads	
Electric Bikes & Scooters: Only for 16 years old & older, helmet required	
Exercise Equipment	
Fidget Toys	
Incontinence Tools	
Noise Canceling Headphones	
Oral sensory tools	
Playsets	
Play Couches (Nugget, etc.)	
Sensory Games	
Sensory Room Equipment	

Sensory Seating	
Speech Tools	
Swings	
Trampolines	
Wagons & Strollers	
Weighted Vest & Blankets	
Young Adults may additionally request	
Drivers Ed	
Cellphones (warranty & case required)	
Job Skills & Training	
Higher Education and Textbooks	