



Autism Systems Foundation Application Form

Mission and Vision Statement:

Autism Systems seeks to improve the lives of the autistic individuals by empowering underserved communities through provisions that enhance the lives of the community.

That no person with a need will go without it being filled as a basic right whether that be housing, food, devices, clothing, transportation, treatment and developmental activities.

Applicant Information:

- **Full Name:**
- **Parent name:**
- **Date of Birth:**
- **Address:**
 - Street:
 - City:
 - State:
 - ZIP Code:
- **Phone Number:**
- **Email Address:**
- **Analyst name:**

Basic Needs Information:

- **Type of Assistance Needed:**
 - Financial Support
 - Educational Resources
 - Medical Assistance
 - Therapy Services
 - Other (please specify): _____
- **Description of Needs:**
- **If clothing please provide sizes, colors, material type**

- _____
- _____
- _____

Eligibility Criteria:

Applicants must be autistic individuals or caregivers of autistic individuals.

Supporting Documentation:

Please provide relevant documentation, such as proof of autism diagnosis and income level.

Please provide proof of application for DHS benefits. i.e. picture of Bridge card, denial letter.

Additional Information:

- **Preferred Contact Method:**

- Phone
- Email
- Mail

- **Best Time to Contact:**

- _____

Signature:

- **Applicant's Signature:**

- **Date:**
