

RISE for Autism, Inc.
 Grant Application Form
****DUE May 31st, 2019****

Incomplete applications will not be reviewed or returned.
 Please indicate that the following are enclosed:

- _____ Completed application form
- _____ First two pages of 2018 signed Federal Tax Form 1040
- _____ Documented Disability of Grant Beneficiary
- _____ Service/Product Invoice or Receipt
- _____ Personal Statement and/or Photo
- _____ HIPPA Release Form

Applicant Information (Beneficiary of Grant Funding)			
First Name:		Last Name:	
Date of Birth:		Age:	US Citizen: Y N Sex: <i>M F</i>
Address:			City:
State:	Zip:	Email:	
Phone:		Preferred Method of Contact: <i>Email Phone</i>	
Please List Other Household Members:			
Name: _____	Age: _____	Relationship: _____	
Name: _____	Age: _____	Relationship: _____	
Name: _____	Age: _____	Relationship: _____	
Name: _____	Age: _____	Relationship: _____	
Name: _____	Age: _____	Relationship: _____	
Name: _____	Age: _____	Relationship: _____	
Please list and briefly explain all sources of financial support the beneficiary is currently receiving for disability related services:			
DDA:		MA Waivers:	
Social Services:		Insurance:	

Local Education Agency (School):		Others Grants or Financial Assistance:	
Documented Autism Spectrum Disorder Diagnosis			
_____ <i>Check that documented support of diagnosis is included in the application packet (e.g. medical report, front page of Individualized Education Program/Individualized Family Support Plan).</i>			
Grant Monies Request			
Service/Product:		Provider Name:	Provider Address:
Total Cost of Service – out of pocket:		Dates of Service:	
*Documentation of cost must be included in the application packet (enclose invoice for services or product)			
*CANNOT be used to cover an outstanding bill, must be for future services.			
Financial Income			
Household Member:		Gross Monthly Income:	
Household Member:		Gross Monthly Income:	
Household Member:		Gross Monthly Income:	
Other Source:		Gross Monthly Income:	
<i>Total Monthly Income:</i>			
Liquid Assets			
Savings Account		Recent Balance:	
Checking Account		Recent Balance:	
Investments		Recent Balance:	
<i>Total Liquid Assets:</i>			
Additional Assets			
Automobile(s)		Value:	
Home		Value:	
Other Property:		Value:	
<i>Total Additional Assets:</i>			

Household Expenses	
Food	Monthly Expense:
Utilities	Monthly Expense:
Auto	Monthly Expense:
Child Care	Monthly Expense:
Housing (Mortgage/Rent)	Monthly Expense:
Insurance	Monthly Expense:
Other:	Monthly Expense:
Other:	Monthly Expense:
<i>Total Monthly Expenses:</i>	
Additional Expenses:	
Credit Cards	Balance:
Medical	Total Out-of-Pocket/Month:
Other:	Debt:
<i>Total Additional Expenses:</i>	
Total Monthly Income (from above):	
Total Monthly Expenses (from above):	
NET disposable income:	

Please attach a “Personal Story” detailing your situation and how the grant monies will assist you or your family member in becoming a more confident, competent individual (500 words or less). If willing, please include a picture of the applicant (emailed in .jpg format to grants@riseforautism.org). The message and/or photo may be used in media and event efforts to raise funds for grant monies in future years.

Please indicate you have reviewed and accepted the Terms and Conditions by signing below:

Signature of Applicant or Guardian

Date