COMMUNICATION GRANT APPLICATION

Mail completed application to:
NATIONAL AUTISM ASSOCIATION
GIVE A VOICE PROGRAM
310 Maple Ave., Suite E1
Barrington, RI 02806

Please completely review all of the following information before filling out this application. Please print clearly and provide all required information. Illegible and incomplete applications cannot be considered.

Please review the Frequently Asked Questions at the end of this application. If you need further information, email naa@nationalautism.org.

NAA's **Give A Voice** Communication grant provides qualifying individuals with a maximum award of $800 to cover the following:

- Up to 4 sessions with a certified communication practitioner (S2C or RPM)
- One set of letter boards

Qualifying applicants are individuals diagnosed with an autism spectrum disorder who are nonspeaking or unreliably speaking, and whose communication challenges put them at increased risk of injury or harm. Funding for this program is extremely limited. It is intended only for families in dire need of financial assistance who are otherwise unable to obtain access to S2C or RPM. Only U.S. residents may apply.

Eligibility Requirements

You must meet the following criteria to apply:

- The individual you are applying for must be 5 years of age or older and formally diagnosed with an Autism Spectrum Disorder. Documentation from a physician is required.
- Only parents or legal guardians may apply on behalf of their child/adult with autism.
- A communication partner must be available several days per week, and committed to helping the individual with ASD learn to effectively use spelling as their primary form of communication. This life-changing method involves overcoming motor skill challenges and can only succeed with repetition and practice. Understand that a practitioner will get you started and support you along the way, but the work is done at home.
- Email info@i-asc.org for information on S2C practitioners near you, or information@halo-soma.org for an RPM practitioner near you and choose the practitioner you would like to see.

Please <u>initial</u> each line indicating your agreement:

_____ I agree that myself or an appointed individual will be a committed communication partner for my child/adult.

_____ I understand that grant funds are dispersed directly to a certified practitioner of my choice to be used only for our spelling sessions. Any funds left unused will be returned to NAA.

_____ I confirm that I have chosen a practitioner by reaching out to info@i-asc.org for information on S2C practitioners, or information@halo-soma.org for information on RPM practitioners.

_____ I understand that I cannot apply for funding to pay for already-completed sessions with a practitioner. This grant is for future appointments only.

_____ I understand that the Give A Voice program has a strict one-per-family grant limit.

_____ I understand that the National Autism Association is not able to provide funding for travel expenses to see a practitioner.

_____ I agree to complete a follow up survey with NAA one year after receipt of grant.

What is the person with Autism's ability to use verbal communication? (Circle One):

Nonspeaking Single Words Minimally/Unreliably Speaking

Is he/she at risk of bodily harm due to any or all of the following? Wandering/Elopement _____
Aggression _____ Self-injury _____ History of Restraint _____
If yes, please explain in comment section below.

Does he/she currently use PECS, Sign Language, AAC or another form of non-verbal communication?
Yes _____ No _____ If yes, please specify: _____

<u>NONSPEAKING CHILD/ADULT</u>

Full Name: _____ Age:_____ Date of Birth: _____

What is your relationship to the nonspeaker? _____

<u>PARENT/LEGAL GUARDIAN</u>

Full Name:_____

Marital Status: _____ Telephone: _____ Email: _____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Employer:_____ Telephone: _____

Total annual income of family living in the home: $_____

Please comment on how the speller will be supported at home through the process of learning to communicate through spelling, why you think your nonspeaker will benefit from using letter boards, any prior experience using letter boards they may have had, and other considerations you would like us to know about.

Your S2C or RPM Practitioner of choice:

Name: _____ Phone: _____

Address: _____

Practitioner's fee per session: _____

Child or Adult's Official Diagnosis:_____
(You MUST attach a Physician's letter confirming diagnosis. Do NOT send a full evaluation, it will not be reviewed.)

Physician's contact information:

Name: _____ Phone: _____

Address: _____

Have you previously received grant funding from NAA? Yes_____ No_____

SUPPLEMENTAL SECURITY INCOME (SSI) $_____

Personal Statement of Income and Financial Status of Custodial Parents or Guardians

ASSETS		**MONTHLY LIABILITIES**	
Checking Account	$_____	Monthly House Payment/Rent	$_____
Savings Account	$_____	Other Monthly Bills/Loans	$_____
Real Estate	$_____	Monthly Utilities	$_____
Home Value	$_____	Monthly Insurance	$_____
Automobiles	$_____	Monthly Automobile Expenses	$_____
Personal Property	$_____	Monthly Medical Bills	$_____
Stocks/IRA/Etc	$_____	Physician/Agency	$_____
Total Assets:	**$_____**	**Total Monthly Liabilities:**	**$_____**

Combined sources of income:
Attach a copy of your most recent tax return. (Main form only - do NOT send attachments/schedules.)

INCOME TYPE	**MONTHLY**	**ANNUAL**
Salary:	$_____	$_____
Bonuses and Commissions:	$_____	$_____
Alimony/Child Support:	$_____	$_____
Real Estate Income:	$_____	$_____
All Other Income:	$_____	$_____
TOTAL INCOME:	**$_____**	**$_____**

(ALL OTHER INCOME includes Grants, Social Security, CRS, Medicaid, etc.)

By signing below, I attest that all information is truthful and accurate. I grant my permission to NAA to contact the clinicians listed for verification. I understand that providing false information will immediately disqualify my application and any future grant opportunities from NAA.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

Please KEEP THIS PAGE for your records.

*** YOUR APPLICATION CHECKLIST ***
Before sending, be sure that you have included:

1. _____ Fully Completed Application
2. _____ Contact information for your practitioner of choice
3. _____ Letter From Physician Confirming Autism Diagnosis
4. _____ Most Recent Tax Return

Mail completed application, clinician's letter, and most recent IRS tax return to:

National Autism Association
Give A Voice
310 Maple Ave., Suite E1
Barrington, RI 02806

Your application cannot be considered unless it is completed legibly, signed, and all supporting documents are attached. The information included in your application will be kept confidential and for internal use by NAA only. Applications and supporting documents will not be returned. Please keep a copy for your records.