



**2008 GRANT APPLICATION**  
**NATIONAL AUTISM ASSOCIATION**  
**FAMILY FIRST PROGRAM**

429 Warren Avenue | Cary NC 27511 | 919.468.6455

***Please completely review the following information before filling out this application.***

**Applications must be postmarked by June 15, 2008** and will be kept eligible through the end of the year. **Applications postmarked after June 15, 2008 cannot be accepted.** Please email questions to [lori@nationalautism.org](mailto:lori@nationalautism.org).

**Keeping Families together.** The Family First Program provides financial assistance in getting necessary marital counseling for couples that have a child diagnosed with an autism spectrum disorder.

**This program is intended only for autism couples in financial need.**

### Frequently Asked Questions

**Q: How do I know if my spouse and I qualify for help from the National Autism Association?**

A: You must meet all three basic criteria to apply:

1. Be married to, or temporarily separated from, the parent and/or caregiver of your autistic child.
2. Reside in the United States of America.
3. Have a child diagnosed with an autism spectrum disorder.

**Q: How much money can I request?**

A: The maximum amount we can award per couple is a one-time grant of \$1000.

**Q: How do I apply for assistance from the National Autism Association for my child?**

A: First, review the three basic criteria. If you meet these, complete a **GRANT APPLICATION**. You must attach some form of documentation that confirms your child's diagnosis (i.e., school eval or doctor's note, etc). If you have multiple children with autism, you only need documentation for one of the children with the diagnosis. Grants are one per family—if your request exceeds \$300, you must also provide a copy of your most recent tax return.

**Q: Are grant funds paid directly to couples?**

A: At no time are funds transferred to couples. All grants awarded are paid directly to the service provider to pay for counseling, etc.

**Q: I've sent my application in. How long until I know if my application has been approved?**

A: Once we have received all components of the application (completed application form, doctor's letter, and tax returns, if applicable), your application will be reviewed by the NAA staff within 3-4 weeks. One grant will be awarded each month during 2007. No awards will exceed \$1000 per couple at this time. **ONLY APPROVED GRANT RECIPIENTS WILL BE CONTACTED BY NAA.**

**Q: I have health insurance. Can I still apply for assistance?**

A: Yes.

**Q: I'm not sure if this request falls within the grant guidelines. Should I still send in an application?**

A: If your request is for something other than financial aid for marital counseling, it does not fall within the grant guidelines.

**Q: We have so many medical bills, we're having trouble paying the rent/electric /water/telephone bills. Can NAA help us?**

A: The guidelines of this grant do not allow payment for anything other than marital counseling.

**CHILD**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**MOTHER**

Mother's Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**FATHER**

Father's Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street/City/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Number and ages of other dependent children:** \_\_\_\_\_

**Diagnosis of Disability:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outline of funding requested (Limit - one time grant of \$1000 maximum):**

\$ \_\_\_\_\_ (Be specific and include all costs.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of other agencies or services also contacted for funding:**

Please indicate which have been contacted and total amount requested or received (if any).

---



---

**SUPPLEMENTAL SECURITY INCOME (SSI) \$ \_\_\_\_\_**

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

**ASSETS**

Checking Account \$ \_\_\_\_\_  
 Savings Account \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 Home Value \$ \_\_\_\_\_  
 Automobiles \$ \_\_\_\_\_  
 Personal Property \$ \_\_\_\_\_  
 Other Assets \$ \_\_\_\_\_  
**Total Assets: \$ \_\_\_\_\_**

**LIABILITIES**

Monthly House Payment/Rent \$ \_\_\_\_\_  
 Other Monthly Bills/Loans \$ \_\_\_\_\_  
 Monthly Utilities \$ \_\_\_\_\_  
 Monthly Insurance \$ \_\_\_\_\_  
 Monthly Automobile Expenses \$ \_\_\_\_\_  
 Medical Bills Due \$ \_\_\_\_\_  
 Physician/Agency \$ \_\_\_\_\_  
**Total Liabilities: \$ \_\_\_\_\_**

**Combined sources of income:**

Previous year's IRS return must be attached if grant request is above \$300.00.

<b><u>INCOME TYPE</u></b>	<b><u>MONTHLY</u></b>	<b><u>ANNUAL</u></b>
Salary:	\$ _____	\$ _____
Bonuses and Commissions:	\$ _____	\$ _____
Alimony/Child Support:	\$ _____	\$ _____
Real Estate Income:	\$ _____	\$ _____
All Other Income:	\$ _____	\$ _____
<b>TOTAL INCOME:</b>	<b>\$ _____</b>	<b>\$ _____</b>

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

The above information is freely given to expedite this grant request.

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Mail completed application, documentation confirming child's diagnosis (i.e., school eval, or doctor's note), and previous year's IRS return (if requesting more than \$300) to:**

***National Autism Association c/o Lori McIlwain, 429 Warren Avenue Cary, NC 27511***

This application cannot be considered until this form is completed, signed, and all supporting documents are received. The information included in this application is confidential and for NAA use only. Please keep a copy for your records.