

**2009 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, 2009 and will be kept eligible through the end of the year. Applications postmarked after June 15, 2009 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. Life Partners who have a child with autism may also qualify depending on the circumstances.
2. Reside in the United States of America.
3. Have a child diagnosed with an autism spectrum disorder.
4. Be in financial need.

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

A: The maximum amount we can award per couple is a one-time grant of \$500.

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

A: First, review the four 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.

**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. If at any time monies are attempted to be transferred by the grant recipient to an unauthorized provider, the grant may be forfeited immediately.

**Q: Can I use the money for individual counseling or counseling for my child?**

A: The Family First Program is designed to help keep families together. Because our budget is limited, we can only pay for therapy that helps the marriage. Grant monies cannot be used for anything other than marital counseling or relationship coaching.

**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. No awards will exceed \$500 per couple at this time. **ONLY APPROVED GRANT RECIPIENTS WILL BE CONTACTED BY NAA.** If the application period is up, grant monies have been exhausted or if you have not qualified for a grant, you will not be contacted.

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

A: Yes. Up to \$500 can be used for co-pays for qualifying applicants.

**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 \$500 maximum):**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever received funding from The National Autism Association? yes\_\_\_\_\_ no\_\_\_\_\_

**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.

**INCOME TYPE**

**MONTHLY**

**ANNUAL**

Salary: \$\_\_\_\_\_ \$\_\_\_\_\_  
Bonuses and Commissions: \$\_\_\_\_\_ \$\_\_\_\_\_  
Alimony/Child Support: \$\_\_\_\_\_ \$\_\_\_\_\_  
Real Estate Income: \$\_\_\_\_\_ \$\_\_\_\_\_  
All Other Income: \$\_\_\_\_\_ \$\_\_\_\_\_  
**TOTAL INCOME: \$\_\_\_\_\_ \$\_\_\_\_\_**

(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 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.