

# Bureau of Autism Services 2011 Family and Individual Mini Grant Application Packet

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## ANNOUNCEMENT February 19, 2011

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### Bureau of Autism Services 2011 Family and Individual Mini Grants

The Bureau of Autism Services of the Pennsylvania Department of Public Welfare is pleased to announce the availability of mini grants to support children and adults with an Autism Spectrum Disorder, ASD, and families that include an individual with ASD. A focus of this project is to reach out and serve individuals and families that are not able to access existing support systems for various reasons (for example: eligibility criteria, age, waiting lists). The term “family” may include an immediate family member or other relative, a person providing foster care or a legal guardian or custodian, but does not include a person or entity who acts in a paid employment capacity. These grants are funding opportunities that will only be offered once and are time limited.

Applicants meeting eligibility requirements may apply for up to \$500 in grant funds. Priority will be given to applicants who have **not** received a Bureau of Autism Services Mini Grant in previous funding years. **Total funding for these mini grants is limited and is on a first come, first served basis. Not everyone who applies for this grant will be funded.**

**In order to be eligible, applicants must:**

- 1. Be a Pennsylvania resident.**
- 2. Have a family member with ASD (of any age) or be an individual with ASD.**
- 3. Not currently receiving and/or enrolled in any family support services for the past 12 months, including waiver funded services, Family-Driven Support Services, services funded under Individual Support Plans, county-based funds from Mental Health/Mental Retardation or other similar services or funding. The Bureau of Autism Services reserves the right to and may verify the services and/or funds that the individual with an ASD is receiving.**

**Note:** Families whose family member with ASD is receiving Behavioral Health Rehabilitation Services/Wraparound or Early Intervention services **are eligible** for this grant.

**The following supports and activities are eligible for funding so long as the activity or support occurs between March 1, 2011 and Aug. 31, 2011:**

#### **FOR CHILDREN AND ADULTS**

- Respite care. Services may be informal and do not need to be through a respite care agency. Care can be provided by a private caretaker or a family member who does not reside with the individual with an ASD.
- Summer recreation and skill development programs (excludes academic skill development or tutoring programs).

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Bureau of Autism Services | P.O. Box 2675 | Harrisburg, PA 17105 | 1.866.539.7689 | FAX: 717.265.7761

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- Autism or advocacy related conferences, workshops or training opportunities. This may include registration fees, reasonable accommodation expenses or reasonable costs of public transportation. Meal expenses **will not** be reimbursed. Please note that accommodations and transportation will be paid for via reimbursement with proof of payment required. Transportation costs may not exceed 25 percent of the total requested grant amount.
- Community programs such as karate lessons, swimming lessons, dance classes, art classes, cooking classes, private driving lessons, etc. **Please note that in an effort to meet the physical health needs of individuals living with an ASD, requests for gym or pool memberships will be covered for individuals (not families).**
- Safety modifications or adaptations for home and/or community integration. For example: door locks, alarms, fencing or other items to increase or ensure a person's safety.

**FOR ADULTS AGE 18 AND OVER ONLY**

- College-level coursework - funding will be provided on a reimbursement basis for coursework completed for credit or non-credit at an accredited college or university. The majority of the course must occur during the grant funding period of March 1, 2011- Aug. 31, 2011. Therefore, spring semester courses as well as summer session courses are eligible.
- Personal job coaching - **only available if services through the Office of Occupational and Vocational Rehabilitation (OVR) and/or the Pennsylvania Department of Education have been exhausted.** Supporting documentation must be provided.
- Public transportation to organized support group meetings, organized social activities, community programming, conferences or trainings, or place of employment. Please note that transportation will be paid for via reimbursement with proof of payment required.

**How Do I Apply?**

Mail your completed application and supporting materials, which may include brochures, printouts from the Internet, statements on sponsoring organization letterhead, or statements of cost to the address on pages four and 12 of this application.

**The deadline for submission is April 15, 2011. Applications must be postmarked no later than April 15.** Applications which are faxed or e-mailed will not be accepted. **We cannot be responsible for applications returned for insufficient postage, delayed or lost in transit to our office. Incomplete and illegible applications will not be considered for funding.** Please be sure that your application is signed and complete with all necessary documentation attached. We cannot be responsible for applications completed or submitted by a third party such as a case manager, BSC, etc.

**Important Dates:**

<b>Applications are due (postmarked by):</b>	<b>April 15, 2011</b>
<b>Notification of awards sent by mail on a <u>rolling basis</u> beginning on or about:</b>	<b>May 16, 2011</b> (on or about and continuing through the end of the fiscal year.)
<b>Activities must occur between these dates:</b>	<b>March 1, 2011 and Aug. 31, 2011</b>

**What if I have questions?**

Please visit <http://bastraining.acrobat.com/p53796987/> for a webcast regarding the mini grant application process or see the Frequently Asked Questions, FAQ, included in this packet or visit the Bureau of Autism Services website at [www.autisminpa.org](http://www.autisminpa.org) under "2011 Family and Individual Mini Grant" for a list of Frequently Asked Questions. If your question is not answered on the webcast or in the FAQ, e-mail [DPW-AutismOffice@state.pa.us](mailto:DPW-AutismOffice@state.pa.us) or call toll-free, 1-866-539-7689.



## 2011 Family and Individual Mini Grant Program Frequently Asked Questions

**1. What is a grant?**

A grant is a form of state funded aid that does not need to be repaid.

**2. Why is the Bureau of Autism Services making this program available?**

The Family and Social Issues Subcommittee Report of the Autism Task Force recommended the creation of services and support systems specifically for persons with autism and their families throughout the lifespan (especially including family support services and respite). Although not a long-term solution, this mini grant program is designed to serve families who have not been able to access existing family support systems.

**3. Where do I get an application?**

The application form is available to download and print on the Bureau of Autism website at [www.autisminpa.org](http://www.autisminpa.org). or you may call 1-866-539-7689 (select option # 2) or e-mail [DPW-AutismOffice@state.pa.us](mailto:DPW-AutismOffice@state.pa.us) to request an application by mail. When calling, please spell out your name, complete mailing address and a phone number with area code.

**4. What are the important deadlines and dates?**

Deadline for submission of application (date by which applications must be postmarked)	April 15, 2011
Dates during which the activity/support being funded must occur	March 1, 2011 through Aug. 31, 2011
Notification of grant awards (by mail) on a rolling basis	May 16, 2011 (on or about and continuing through the end of the fiscal year.)
Reimbursement forms due (date by which reimbursement forms must be postmarked)	Sept. 10, 2011
Dates of funding of grants	Beginning approximately May 16, 2011 through approximately Sept. 16, 2011 (for reimbursements)

**5. Where do I send the application?**

Mail the completed application to:

**Attn: F & I Mini Grant  
Bureau of Autism Services  
Pennsylvania Department of Public Welfare  
PO Box 2675  
Harrisburg, PA 17105-2675**

**6. What if I don't have access to a printer to print the application?**

Please call **1-866-539-7689 (select option #2)** or e-mail [DPW-AutismOffice@state.pa.us](mailto:DPW-AutismOffice@state.pa.us) to request an application by mail. Please include your name, complete mailing address and a phone number with area code.

**7. Can I fax or e-mail my application?**

**No.** Grant applications must be mailed to the address provided in FAQ number five. Applications received by e-mail or fax will not be considered.

**8. What has to be submitted with the application?**

- Documentation supporting the cost of the event/activity for which funds are requested, including brochure(s), printout from Internet, statement on sponsoring organization letterhead, and statements of cost.)
- Verification of an Autism Spectrum Disorder, or ASD, diagnosis by a medical professional. (For clarification of "Verification by Medical Professional" please see question 23.)
- Only completed applications will be eligible.
- **The Bureau is unable to contact applicants whose applications are not complete.**

**9. Who is eligible to apply?**

- Adults with an autism spectrum disorder, or ASD.
- Individuals who have a family member with ASD (of any age).
- Applicants and the individual with an ASD must be Pennsylvania residents.
- Individuals not currently receiving and/or enrolled in any family support services for the past 12 months, including waiver funded services, Family-Driven Support Services, services funded under Individual Support Plans, county-based funds from Mental Health/Mental Retardation, or MH/MR, or other similar services or funding. The Bureau of Autism Services reserves the right to and may verify the services and/or funds that the individual with an ASD is receiving.
- Families whose family member with ASD is receiving Behavioral Health Rehabilitation Services/ Wraparound, Family-Based Therapy or Early Intervention services are eligible for this grant.
- **The Bureau of Autism Services reserves the right to and may verify the services and/or funds that the individual with ASD is receiving.**

**10. How do I know if I'm receiving family support services, funding through the Mental Retardation system or respite funds?**

If you are not sure what services and/or funds you are receiving please check with your MH/MR case manager at the county level.

**11. What if there is more than one person with ASD in the family?**

- A separate application must be sent for each person with an ASD. **Do not submit an application with more than one named individual with an ASD.**
- Each application must include complete applicable documentation even if requests are identical.

**12. Are there any income limits for eligibility for this grant?**

No.

**13. What can funds be used for?**

THE FOLLOWING ARE AVAILABLE FOR CHILDREN AND ADULTS

- Respite care. Services may be informal and do not need to be through a respite care agency. Care can be provided by a private caretaker or a family member who does not reside with the individual with an ASD.
- Summer recreation and skill development programs (excludes academic skill development or tutoring programs).
- Autism or advocacy related conferences, workshops or training opportunities. This may include registration fees, reasonable accommodation expenses, or reasonable costs for public transportation. Meal expenses will not be reimbursed. Please note that accommodation and transportation costs will be paid for via reimbursement with proof of payment required. Transportation costs may not exceed 25 percent of the total requested grant amount.
- Community programs such as karate lessons, swimming lessons, dance classes, art classes, cooking classes, private driving lessons, etc. **Please note that in an effort to meet the physical health needs of individuals living with an ASD, requests for gym or pool memberships will be covered for individuals (not families).**
- Safety modifications or adaptations for home and/or community integration. For example: door locks, alarms, fencing or other items to increase or ensure a person's safety.

THE FOLLOWING ARE AVAILABLE FOR ADULTS WITH AN ASD ONLY

- College-level coursework - funding will be provided on a reimbursement basis for coursework completed for credit or non-credit at an accredited college or university. The majority of the course must occur during the grant funding period of March 1, 2011- August 31, 2011. Therefore, spring semester courses as well as summer session courses are eligible.
- Personal job coaching - **only available if services through the Office of Occupational and Vocational Rehabilitation, or OVR, and/or the Pennsylvania Department of Education have been exhausted.** Supporting documentation must be provided.
- Public transportation to organized support group meetings, organized social activities, community programming, conferences or trainings, or place of employment. Please note that transportation will be paid for via reimbursement with proof of payment required.

**14. Do camps and recreation services need to be autism specific?**

No. We encourage inclusive activities. However, autism-specific or specialized programming is acceptable.

**15. What can the funds NOT be used for?**

The following is a list of items or activities that would be considered ineligible for the grant funding, it is not an exhaustive list:

- Extended School Year Programs – these are funded through the Pennsylvania Department of Education
- Medical/psychological/psychiatric evaluations
- Tutoring
- Educational materials such as books, workbooks, educational toys, etc.
- Computers, laptops, tablets, PDA devices, iPads, etc.
- Therapies such as speech therapy, occupational or physical therapy, and/or evaluations for speech therapy, and occupational or physical therapy.

- Therapeutic items for speech therapy, and occupational or physical therapy such as trampolines, weighted vests, etc.
- Diapers
- Vitamins and supplements
- Special diet items
- Furniture (replacement)
- Musical instruments
- Art supplies/material fees
- Clothing, including uniforms for sports or activities (karate, dance, etc.)
- “Test fees” for sports or activities (karate, dance, etc.)

**16. What if the cost of the service or activity for which I am applying for funding exceeds \$500?**

You can still apply, but you will need to fund the difference between the grant amount and the cost of the service/activity. In the “Cost of Support/Activity” column, please only put a cost of up to \$500 even if the cost of the Support/Activity exceeds \$500.

**17. Can I request funds for more than one service?**

Yes. The grant funds can be used for as many eligible activities/supports as you like so long as the total amount requested does not exceed \$500.

**18. How can I use the funds to pay for a private respite or care provider?**

This type of service will be paid for on a reimbursement basis with proof of payment required. The grantee would be required to complete and submit a “Reimbursement form for Respite/Child Care Services” which will serve as a receipt of payment (this form must be signed by the provider of the service). You will then be reimbursed for the cost of those services. If you are awarded a grant, the required form will be sent to you. No form is necessary for the application.

**19. If I am requesting respite or caretaking services how do I document it on the application?**

Please fill in the “Request for Funding” section of the application indicating “Respite” as the “Eligible Support/Activity” and fill out as much information as you know at the time of application. Be sure to include the total amount requested for the services. If you are awarded the grant you will receive the required forms that you and the provider of the service will need to fill out in order for you to be reimbursed. The reimbursement will serve as a receipt of payment. Please note that if funded, all respite services will be awarded on a reimbursement with proof of payment required basis.

**20. Can I still apply if my family member with ASD does not live with me? Do I have to be the individual’s legal guardian?**

You can apply on behalf of a family member with ASD who does not live with you. Anyone who is related (by marriage or immediate family) to the individual may apply for this grant on his/her behalf. A legal guardian may also apply if that person is not a family member.

**21. How do you decide who gets a grant?**

Priority will be given to individuals who did not receive a Bureau of Autism Services Mini Grant in any previous funding year (2007-2010). Total funding for these mini grants is limited and is on a first come, first served basis; and not everyone who applies for this grant will be funded. See question 22 for our review process.

## 22. What happens once you receive my application?

Once our office receives your application, the process is as follows:

- Application is stamped with the date that is postmarked on the envelope
- We check to see if applicant was funded in a previous grant year
  - Priority is given to those applicants who have not previously been funded in any previous funding year (2007-2010)
- We review the documentation submitted to verify a diagnosis of ASD
  - ASD is defined as any of the five Pervasive Developmental Disorders listed in the Diagnostic and Statistical Manual of Disorders IV-TR.
    - ◇ Autistic Disorder (Autism)
    - ◇ Pervasive Developmental Disorder, Not Otherwise Specified (PDD or PDD-NOS)
    - ◇ Asperger's Disorder or Asperger's Syndrome
    - ◇ Rett's Disorder
    - ◇ Childhood Disintegrative Disorder
- Application is reviewed to check that
  - Requested services/activities are eligible requests
  - All required items on application are completed
  - Supporting materials, including brochure(s), printout from the Internet, statement on sponsoring organization letterhead, and statement of cost for the requested funding have been included
- Once an application has been approved for funding, grant awardees will be notified beginning May 16, 2011 and continuing on a rolling basis through the end of the fiscal year.
- The Tuscarora Intermediate Unit issues award letters and checks on our behalf. If your application is accepted, your award notification letter will come from the Tuscarora Intermediate Unit, not the Bureau of Autism Services.
- The Tuscarora Intermediate Unit issues denial letters on our behalf. If your application is denied, your denial notification letter will come from the Tuscarora Intermediate Unit, not the Bureau of Autism Services. Denial letters are sent to applicants whose applications do not meet the criteria or are missing documentation or supporting materials with a brief indicator of why the application was denied.
- Once all funding has been exhausted, letters of denial will be sent to applicants who will not be receiving the grant funding for this year.
- Funding (checks) are sent to the applicant to distribute to service providers or reimbursement forms are sent to the applicant for completion. Once reimbursement forms are returned funding/reimbursement is sent to the applicant (2-3 week turn-around time).
- All reimbursement forms must be received postmarked by Sept. 10, 2011.

## 23. What will you accept as documentation of the disorder?

SUBMIT EITHER:

- A. The form attached to the application which has been completed and signed (electronic signatures and copies of faxed documents are accepted) by a licensed medical professional (family physician, pediatrician, developmental pediatrician, neurologist, etc.) or licensed psychologist, licensed school psychologist or licensed psychiatrist). **Educational testing is not an acceptable form of diagnosis. Please do not send IEPs or school evaluation reports.**

OR:

B. A copy of a report prepared by one of the above mentioned professionals indicating the individual has an ASD diagnosis. The date that the evaluation was completed is irrelevant. In an effort to minimize paper consumption, it is not necessary to send an entire evaluation. However, **we MUST have the following items at a minimum:**

- Cover sheet with demographic information of the individual with ASD on the letterhead of the practice or diagnosing agency/professional
- The page which indicates and/or states “Axis 1 diagnosis” of an ASD or the “diagnostic impression” which clearly states that the individual has a diagnosis of an ASD. Additionally, if you wish, you may highlight or circle the diagnosis. Please note that a “Rule Out” diagnosis is NOT a diagnosis.
- **The signature page that includes the signature and license number of the licensed professional who determined the diagnosis or who can verify that the individual does have an ASD diagnosis** (electronic signatures and copies of faxed documents are accepted).

\*Please note that educational testing and records are not an indication of diagnosis and will not be considered proper documentation for this grant.

**Please note that no documentation will be returned so make sure that only a copy of a report is sent with the application. Please send only copies of documentation.**

**24. I submitted a mini grant application in a prior year. Do I have to resubmit the “Verification by Medical Professional” form?**

Yes, a new form or copy of a report must be submitted with this application. Due to the high volume of applications and limited staff resources we are unable to look up information from previous submissions.

**25. What do “modifications or adaptations for home, community or safety” mean?**

A modification to your home might be installing special locks or alarms on windows or doors that you feel are necessary to keep your family member with an ASD safe. Only permanent modifications will be allowed. A modification might be a specialized bike that allows your family member with an ASD to ride, a special booster or car seat that keeps your family member with an ASD safe while being transported in a motor vehicle. Augmentative Communication Devices are not considered a modification under this category. Proper documentation for a modification or adaptation may be an estimate from a contractor, lumber yard, home store, etc. for the cost of the project that includes an itemized list of materials and costs of materials and labor if applicable. The applicant will be responsible for the cost of all taxes, applicable permits/fees and shipping costs associated with the modification or adaptation.

**26. Do retail stores and online merchants accept the mini grant checks?**

We have historically had some difficulty with “big box” retailers accepting our checks because many of these types of stores utilize an electronic check cashing verification system and/or have a policy against cashing third-party checks. Therefore, items purchased or to be purchased from large retail stores (e.g. Home Depot, Lowe’s, Walmart, Toys R Us, etc.) will be funded on a reimbursement basis only. **You may provide a copy of a receipt at the time of application** or if you are awarded the grant you will be provided with a reimbursement form to use. **Please check with any smaller stores or online companies regarding their acceptance of third party checks prior to submitting your application.**

**27. How are funds disbursed?**

The Tuscarora Intermediate Unit issues award letters and checks on our behalf. **Whenever possible, checks will be made payable directly to the provider of the support or activity and mailed to the applicant.** Please make sure that you clearly indicate on your application (Funding Request Chart) exactly who the check should be made payable to in order to avoid delays in funding. It is the responsibility of the applicant to deliver the check to the provider. For example, if you have been awarded a grant to fund camp fees, a check payable to the camp will be sent to you and you will need to deliver the check to the camp (together with any applicable registration forms or additional payments due).

**28. How long will it take for me to get the funds?**

Funds will be disbursed on a rolling basis beginning approximately May 16, 2011, and may continue through the end of the fiscal year (June 30, 2011). Funds are disbursed on a first come, first served basis, so early submission is advised. Remember that priority is given to those who have not been funded in previous funding years. Reimbursements are distributed as they are received within a 2-3 week time frame.

**29. What if I have already paid for the service/activity?**

If the activity or support occurs between March 1, 2011 and August 31, 2011 and the applicant has a receipt from the provider, we would reimburse the applicant. Please make sure to include a copy (not originals) of a receipt, invoice marked as paid with the payment method referenced such as a check number or credit card, or scanned check images(front and back) in place of an actual cancelled check.

**30. Are the funds received through the Family and Individual Mini Grant taxable?**

We cannot address questions about taxes. Recipients should ask a tax professional.

**31. What if I have other questions?**

Please call **1-866-539-7689 (select option # 2)** or email **[DPW-AutismOffice@state.pa.us](mailto:DPW-AutismOffice@state.pa.us)**, but please note that due to the high volume of calls, we will not return calls requesting the status of your grant application so that we may devote that time to application review. Please see question #22 regarding our notification procedures.

## APPLICATION INSTRUCTIONS

1. PLEASE PRINT LEGIBLY.
2. Complete application by filling out all the information on page 13 of this packet.
3. Complete **Funding Request Chart** on page 14 of this packet by following these directions:

**List the activities/services for which funds are requested in the table on page 14 of the Application. These may include one or more of the following (total amount requested for all activities/services may not exceed \$500):**

- Respite care. Services may be informal and do not need to be through a respite care agency. Care can be provided by a private caretaker or a family member who does not reside with the individual with an ASD.
- Summer recreation and skill development programs. **(Excludes academic skill development or tutoring programs.)**
- Autism or advocacy related conferences, workshops or training opportunities. This may include registration fees, reasonable accommodation expenses, or travel expenses reimbursed if public transportation is utilized. Meal expenses will not be reimbursed. Please note that accommodations and transportation will be paid for via reimbursement with proof of payment required.
- Community programs such as karate lessons, swimming lessons, dance classes, art classes, cooking classes, private driving lessons, etc. **Please note that in an effort to meet the physical health needs of individuals living with an ASD, requests for gym or pool memberships will be covered for individuals (not families).**
- Safety modifications or adaptations for home and/or community integration. For example: door locks, alarms, fencing or other items to increase or insure safety a person's safety.

### THE FOLLOWING ARE AVAILABLE FOR ADULTS WITH AN ASD ONLY

- College-level coursework - funding will be provided on a reimbursement basis for coursework completed for credit or non-credit at an accredited college or university. The majority of the course must occur during the grant funding period of March 1, 2011- August 31, 2011. Therefore, spring semester courses as well as summer session courses are eligible.
  - Personal job coaching - **only available if services through the Office of Occupational and Vocational Rehabilitation, or OVR, and/or the Pennsylvania Department of Education have been exhausted.** Supporting documentation must be provided.
  - Public transportation to organized support group meetings, organized social activities, community programming, conferences or trainings, or place of employment. Please note that transportation will be paid for via reimbursement with proof of payment required.
4. **Attach documentation stating the cost of the support/activity. For example: conference brochure, camp brochure, announcement, contractor's quote, invoice or recreational program receipt on letterhead, or printout from Internet).** Please highlight or circle the cost of the activity on the brochure.
    - If the activity for which you are requesting funding for will need to be paid prior to the awarding period of the grant, Mid-May through June, you may wish to consider paying up front and requesting reimbursement by submitting receipts to avoid a delay in funding.
    - If payment has been or will be made before May 16, 2011, a copy of an itemized receipt or invoice showing the name of the provider of the item or service, the date of service or date of purchase, as applicable, and the amount will be required for reimbursement. **If payment has already been made, please make sure to include a copy, not originals, of the itemized receipt, invoice marked as paid with the payment method referenced such as a check number or credit card, or scanned check images, front and back, in place of an actual cancelled check.**

**Applications without required documentation will not be considered.**

5. Submit verification of autism diagnosis:

SUBMIT EITHER:

- a. The form attached to the application which has been completed and signed (electronic signatures and copies of faxed documents are accepted) by a licensed medical professional (family physician, pediatrician, developmental pediatrician, neurologist, etc.) or licensed psychologist, licensed school psychologist or licensed psychiatrist. **Educational testing is not an acceptable form of diagnosis. Please do not send IEPs or school evaluation reports.**

OR:

- b. A copy of a report prepared by one of the above mentioned professionals indicating the individual has an ASD diagnosis. The date that the evaluation was completed is irrelevant.

In an effort to minimize paper consumption, it is not necessary to send an entire evaluation. However, **we must have the following items at a minimum:**

- Cover sheet with demographic information of the individual with ASD on the letterhead of the practice or diagnosing agency/professional.
- The page which indicates and/or states “Axis 1 diagnosis” of an ASD or the “diagnostic impression” which clearly states that the individual has a diagnosis of an ASD. Additionally, if you wish, you may highlight or circle the diagnosis. Please note that a “Rule Out” diagnosis is NOT a diagnosis.
- **The signature page that includes the signature and license number of the licensed professional who determined the diagnosis or who can verify that the individual does have an ASD diagnosis** (electronic signatures and copies of faxed documents are accepted).

**Please note that educational testing and records are not an indication of diagnosis and will not be considered proper documentation for this grant.**

## Mailing Instructions

Mail completed application and applicable supporting documentation to:

Attn: F&I Mini Grant  
Bureau of Autism Services  
Pennsylvania Department of Public Welfare  
PO Box 2675  
Harrisburg, Pennsylvania 17105-2675

**Applications must be postmarked by April 15, 2011**

Applications will only be accepted by mail. Faxed or e-mailed applications will not be considered. We are not responsible for applications returned for insufficient postage, delayed or lost in transit to our office. You may wish to consider sending your completed application via Certified Mail with a return receipt to assure that our office has received your application. Please remember that you are solely responsible for the completion of this application despite any assistance that you may accept from third party sources (i.e. case managers, behavior specialists, etc.). However, you may wish to consider having a third party review your application to assure that you have met all application requirements and have included all necessary documentation. We encourage you to make a copy of your application and all supporting documents prior to submission for your records.



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

For Office Use Only
App#
Last Initial:
County:

## Application for Bureau of Autism Services 2011 Family and Individual Mini Grant

**PLEASE READ ALL DIRECTIONS PRIOR TO COMPLETING AND SUBMITTING APPLICATION. PLEASE PRINT LEGIBLY.**

<b>APPLICANT NAME</b> Applicant must be 18 years of age or older – i.e. parent, guardian, or adult with autism applying for self.	FIRST NAME:		LAST NAME:	
<b>STREET ADDRESS</b>				
<b>CITY, STATE, ZIP CODE</b>	CITY:		PA	ZIP CODE:
<b>COUNTY IN WHICH YOU RESIDE</b> (e.g. Allegheny, Bucks, Centre, etc.)				
<b>DAYTIME PHONE NUMBER:</b>	( ) -	<b>EVENING PHONE:</b>	( ) -	
	AREA CODE		AREA CODE	
<b>E-MAIL ADDRESS (IF APPLICABLE)</b> Please supply an e-mail address that you check on a regular basis.				
<b>NAME OF INDIVIDUAL WITH ASD</b>	FIRST NAME:		LAST NAME:	
<b>INDIVIDUAL'S (WITH ASD) DATE OF BIRTH</b> (MONTH - DD - YYYY)	MONTH:	DAY:	YEAR:	
<b>APPLICANT'S RELATIONSHIP TO THE INDIVIDUAL WITH ASD</b> (check one box)	<input type="checkbox"/> Parent/Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Self <input type="checkbox"/> Other			

### FOR OFFICE USE ONLY

<b>DATE POSTMARKED:</b>	<input type="checkbox"/> Eligible <input type="checkbox"/> Pending: _____ <input type="checkbox"/> Ineligible  Database Entry Date: _____ Entered By: _____	<b>COMMENTS:</b>
-------------------------	--	------------------

**FUNDING REQUEST CHART**  
**THIS CHART MUST BE COMPLETED**

<b>Eligible Support/Activity</b> Refer to FAQ 13 for list of eligible support/activity.	<b>Name and Address of Provider of Support/Activity</b> (Indicate to whom the check is to be made out to.)	<b>Cost of Support/Activity</b> (total may not exceed \$500)	<b>Date(s) of Support/Activity</b> (must occur between 3/1/11 and 8/31/11)	<b>I have included documentation showing cost for support/activity</b> (Indicate Yes because you must include this unless you are applying for respite)	<b>I have included a copy of a receipt</b> (Indicate Yes or No)	<b>FOR OFFICE USE ONLY</b>
<b>EXAMPLE:</b>  Summer Camp	XYZ Camp 123 Any St. Anywhere, PA 12345	\$495	6/7/11 – 6/11/11	YES	NO	
1.						<input type="checkbox"/> F <input type="checkbox"/> R PR <input type="checkbox"/> R NPR <input type="checkbox"/> NF
2.						<input type="checkbox"/> F <input type="checkbox"/> R PR <input type="checkbox"/> R NPR <input type="checkbox"/> NF
3.						<input type="checkbox"/> F <input type="checkbox"/> R PR <input type="checkbox"/> R NPR <input type="checkbox"/> NF
4.						<input type="checkbox"/> F <input type="checkbox"/> R PR <input type="checkbox"/> R NPR <input type="checkbox"/> NF
5.						<input type="checkbox"/> F <input type="checkbox"/> R PR <input type="checkbox"/> R NPR <input type="checkbox"/> NF

## VERIFICATION OF DIAGNOSIS FORM

Please have a licensed medical professional such as a family physician, pediatrician, developmental pediatrician, or neurologist, or a licensed psychologist, licensed school psychologist or licensed psychiatrist, fill out the following form:

I attest that \_\_\_\_\_ has a medical diagnosis of Autism Spectrum Disorder.

Medical Professional's Name (please print): \_\_\_\_\_

Practice Address: \_\_\_\_\_

\_\_\_\_\_  
Medical Professional's Signature

Provider # \_\_\_\_\_

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**OR**

Attach a copy (do not send originals) of a report from a licensed neurologist, developmental pediatrician, psychologist or psychiatrist confirming that the individual has an ASD diagnosis.

In an effort to minimize paper consumption, it is not necessary to send an entire evaluation. We **MUST** have the following items:

- Cover sheet with individual's demographic information on the letterhead of the practice or diagnosing agency/professional.
- The page which indicates and/or states "Axis 1 diagnosis" of an ASD or the "diagnostic impression" which clearly states that the individual has a diagnosis of an ASD. Additionally, if you wish, you may highlight or circle the diagnosis. **Please note that a "Rule Out" diagnosis is NOT a diagnosis.**
- The signature page that includes the signature and license number of the licensed professional who determined the diagnosis.

**Please note that educational testing and records are not an indication of diagnosis and will not be considered proper documentation for this grant.**

### CONFIRMATION OF ELIGIBILITY:

The "applicant" should sign this page.

Applicant must be 18 years of age or older – i.e. parent, guardian, or adult with autism applying for self, etc.

I agree and confirm that:

- I am a resident of Pennsylvania.
- I am an adult with and Autism Spectrum Disorder, ASD, or I am an adult over the age of 18 and I have a family member with ASD.
- **The applicant and/or the individual with ASD does not currently receive, and has not received within the past 12 months, any other family support services, including waiver funded services, Family-Driven Support Services, services funded under Individual Support Plans, county-based funds from Mental Health/Mental Retardation or other similar services or funding.**
- I agree to waive, release and forever discharge the Pennsylvania Department of Public Welfare, Tuscarora Intermediate Unit 11 (funding agent), their agents, representatives and employees from any and all claims for damages to persons or property which may occur or be sustained during the course of, or arising out of, or in connection with this application or participation in the Bureau of Autism Services Family and Individual Mini Grants program.
- **I certify that all the information given above is true and correct and understand that if I am found eligible, my grant may be terminated if I have made any material false or incomplete statements in this application, either about myself or on behalf of the recipient. I authorize verification of the information provided in this application. This permission will survive the expiration of my grant eligibility.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### CHECKLIST

Please double check that you have included the following **required** items:

- The completed and signed application
- Documentation stating the cost of the requested service and/or activity
- Verification of medical diagnosis (form filled out by a licensed medical professional or attached copy of required report items)

**Incomplete applications will not be considered for funding.**