



Re: Autism Family Support Grant

Dear Applicant:

The Division of Developmental Disabilities Services (DDS) has dedicated funds to assist individuals of all ages diagnosed with Autism through the Autism Family Support Grant. The grant funds are available with a short application submitted through the DDS Service Coordinator. **Complete applications for the Autism Family Support Grant will be accepted from January 15, 2011 through close of business March 31, 2011 only. Grants will be awarded beginning April 1, 2011 with a notice of grant award mailed as the award is approved.**

A complete application packet will include:

- The attached **Autism Family Support Grant application which has been completed and signed.**
- **Copy of documentation of the diagnosis of Autism or Autistic Spectrum Disorder by a Physician, a Psychologist and a Speech-Language Pathologist.** If acceptable medical documentation of the Autism diagnosis has not been received by DDS previously, it must accompany the application for funds. If the individual's name is currently on the DDS Waiver waiting list, it is understood that the documentation of the Autism diagnosis has been received by DDS.
- **The attached forms are required to process payment of the grant award and original documents are required with the initial application. Faxed and scanned documents will not be accepted.**
 1. Payee Assurance form completed, initialed in appropriate fields and signed.
 2. W-9 form completed and signed by the parent/guardian/applicant to whom the funds will be distributed.
 3. Completed Vendor form and copy of voided check for direct deposit.
 4. Copies of the signed Social Security card and Driver's License of the parent/guardian/applicant to whom the funds will be distributed.
 5. All packets must be original documents received by US Postal Service. DDS will not accept faxed or scanned documents.

The following program guidelines apply:

- **Please note that the application will not be considered complete without all of the items listed above.** Incomplete applications will be returned to the applicant/guardian upon receipt.
- **The following individuals are excluded from this program:** Individuals who receive Division of Developmental Disabilities Services Home and Community Based Waiver (DDS Waiver); individuals who are institutionalized or in a Human Development Center (HDC) respite bed; and children and adults who are in state custody.
- **Applicant/guardians must provide receipts. Failure to provide receipts may prevent the applicant from receiving further awards from DDS Programs.**

If you are interested in applying for the Autism Family Support Grant funds, complete the attached application and all other forms and submit them along with the documentation of the diagnosis of Autism to the address below. If you have questions, contact the DDS Service Coordinator for the county of residence. (For children and youth under age 18, and ages 18 to 21 while in high school, call 501-682-2277 to be connected to the Service Coordinator). For adults age 21 and older (or 18 to 21 upon completion of high school, call Dorothy Davis at 501-682-8678 or Martha Smith at 501-683-5687.

For Internal Use Only

Date Received: _____ □ ID #: _____ DDS Case Status: _____
DDS Waiver Waiting List # _____

Documentation of Autism Diagnosis from Physician, Psychologist and Speech Language Pathologist provided: Yes No
If No, why? Currently on DDS Waiver Waiting List Documentation submitted previously

Recommendation of Service Coordinator: Approve Deny Comments: _____
Comments (cont'd): _____ Signature & date: _____

Amount Requested: _____

Recommendation of Title V Regional Manager: Approve Deny Signature & date: _____

Dollar amount approved: _____

Autism Family Support Grant

Applicant (Individual with Autism) Information

Last Name First Name Middle Initial

Date of Birth Age Social Security # Medicaid #

Parent/Guardian Name Contact Phone: _____
(home cell work)

Street Address City Zip Code County

Mailing Address City Zip Code

I. Diagnosis: _____

Diagnosis in addition to Autism: _____

II. Applicant's Strengths & Needs – (Mark all that apply. Feel free to elaborate on additional paper)

A. Communication – Speech/Language

- 1. Age appropriate communication Yes No
- 2. Does the applicant talk? Yes No
- 3. Does the applicant understand others? Yes No
- 4. Do others understand the applicant? Yes No

B. Mobility

- 1. Assistance needed Yes No
- 2. Individual will wander off or run away if unsupervised Yes No

C. Continence (toilet trained)

- 1. Age appropriate toileting Yes No
- 2. Uses diapers Yes No Night-time only

D. Eating

- Feeds self Fed by another person Chokes easily Food Issues/Problems
- Nutritional Supplements or Restrictions? If so, what? _____

