



aspen **COMMUNITY** foundation

Request for Valley Autism Assistance Fund

For questions or information, please contact directassistance@aspencommunityfoundation.org

Email this form to the email above or Fax it to ACF: 970.920.2892

APPLICANT INFORMATION:

Applicant Name: _____

Address: _____

Phone: _____ Email: _____

Applicant's relationship to family member with a diagnosis of autism:

Family member has:

___ Medical Diagnosis of an Autism Spectrum Disorder

___ Educational Diagnosis of an Autism Spectrum Disorder

___ Suspected Diagnosis of an Autism Spectrum Disorder

If suspected, please explain: _____

Age of family member with an Autism Spectrum Disorder:

___ 0-5 aged child

___ High School

___ Elementary

___ Adult

___ Middle School

___ Self-Advocate





VAAF FUND REQUEST page 2:

Amount Requested: \$ _____ **Date:** _____

Funds are sought for which purpose? Check off how the requested funds would be applied and then briefly describe.

___ Unexpected and urgent ASD-related medical or therapy expenses (for example, for seizures, medication management, behavioral interventions).

___ Respite for caregivers

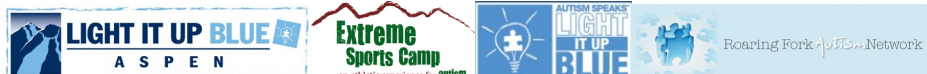
___ Autism-specific equipment/adaptations (for example, locks for doors/windows, Plexiglas)

___ Financial Hardship (example – essential living expenses like rent, groceries, utility bills, or car payments in times of crisis such as loss of job, mounting health problems, natural disaster).

___ Other, specify _____

Please briefly describe: _____

How will receipt of these funds assist or impact the life of the family member with an Autism Spectrum Disorder? _____





VAAF FUND REQUEST page 3:

Disbursement:

If you are requesting funds for respite, a service provider, medical expenses, or reimbursement for such, please provide documentation in the form of an invoice from the provider. If assistance is not being sought for this purpose, please fill out the second half of this page.

Documentation included: Yes No

To whom should payment be sent?

Provider Name: _____

Agency Name: _____

Address: _____

Phone: _____

Fax: _____

If you are requesting funds for daily living expenses (such as utility, rent, telephone), to whom should assistance be sent?

Name: _____

Mailing Address: _____

Phone: _____

Account Number (if applicable): _____

FOR VAAF INTERNAL USE ONLY:

Approved: _____

Denied: _____

Signature: _____

Date: _____

Comments:

