



An Autastic Dream, Inc. Resource Assistance Application Guidelines

Welcome to the application guidelines for An Autastic Dream, Inc., a dedicated 501(c)(3) organization committed to providing vital resource assistance. Our services include support with therapy, emotional support, medical supplies, and educational support. Please read the following guidelines carefully to ensure a smooth application process.

Eligibility and Application Period

- **Application Period:** Applications are accepted from May 1 to September 30 each year. Applications will close early if funding is exhausted.
- **Eligibility:** Applicants must be the primary caregiver of the child for whom the assistance is requested. The child must have autism or an intellectual/physical disability.
- **Recurrence:** If approved for assistance, you may not reapply for the next 12 months.

Application Process

1. **Initial Application:** Complete the online application form available on our website between May 1 and September 30.
2. **Documentation:** Be prepared to provide additional documentation upon request. This may include medical records, proof of guardianship, and any other relevant information.
3. **Certification:** You must certify that all information provided is accurate and truthful. Fraudulent applications may result in disqualification and repayment of awarded funds.

Funding and Disbursement

- **Funds Allocation:** Funds will not be disbursed directly to individuals. Instead, payments will be made to the service providers (e.g., therapy centers, medical supply companies, educational institutions) as specified in your application.
- **No Cash Awards:** Under no circumstances will cash be given to any applicant.

Responsibilities and Compliance

- **Accuracy: Ensure all provided information is accurate and complete.**
- **Documentation: Be willing to provide any additional documentation requested by An Autastic Dream, Inc.**
- **Commitment: Ensure the child is and will remain in your care for the next 12 months.**
- **Fraudulent Applications: Fraudulent applications will lead to disqualification from current and future assistance programs and may require repayment of funds.**

Conclusion

We are committed to supporting families in need, and we appreciate your cooperation in adhering to these guidelines. For any questions or further assistance, please contact our support team at info@anautasticdream.com or (252) 364-9199. Thank you for your interest in An Autastic Dream, Inc., and we look forward to assisting you in your journey.



An Autastic Dream, Inc. Resource Assistance Application Packet

Applicant Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Date of Birth: _____

Last 4 Digits of Social Security Number: _____

Child Information

Child's Name: _____

Date of Birth: _____

Last 4 Digits of Social Security Number: _____

With whom does the child reside with?

- Mom
- Dad
- Grandparent
- Legal Guardian
- Other _____

Does the child have autism or an intellectual/ physical disability?

- Yes
- No

If yes, specify the disability: _____

Can you provide proof of the child's diagnosis if asked?

- Yes
- No

Do you solemnly affirm that all your responses are truthful, understanding that any false information provided may lead to consequences?

- Yes
- No

Resource Assistance Choices (Please check all that apply):

- Therapy Assistance
- Educational Assistance
- Emotional Support
- Other (Please specify): _____

Important Information

- If your application is approved, you must provide all requested documentation for your child within 7 days of receiving the approval letter.
- Application periods are from May to September.
- If funds are exhausted before the close of the application period, applicants will be notified that due to a lack of available funds, we are no longer accepting applications.

Applicant

Signature: _____ **Date:** _____



Approval Section (For Staff Use Only)

Approved by (Staff Name): _____

Date of Approval: _____

Staff Signature (An Autastic Dream, Inc.): _____

Date: _____