



Luke's Journey Autism Fund Grant Instruction Page

Luke's Journey Autism Fund is a fund through Autism Empowerment that provides grant opportunities to families in Southwest Washington and the Portland, Oregon metro area who have a child diagnosed on the autism spectrum and are seeking financial assistance for autism-related therapy, services or equipment.

To apply for a grant of up to \$1,000 per child from Luke's Journey Autism Fund, please print out and complete the application in accordance with the following instructions. **Only complete applications will be considered.**

Grant Eligibility

- Child must have a documented autism spectrum diagnosis (under DSM IV or V)
- Age of the child must be under 18.
- Your place of residence must be located within one of the following counties in SW WA or OR: Clackamas, Clark, Cowlitz, Hood River, Lewis, Multnomah, Pacific, Skamania, Wahkiakum or Washington.
- Have financial need, indicated by financial documents and extenuating circumstances.
- The requested equipment or service must be directly related to the child's autism treatment.
- If you have health insurance, you are still eligible for this grant. Existing insurance benefits must be applied first.

Required Documents Checklist - Must be submitted with application

- Referral letter:** This must be signed by a Doctor, Therapist, or Special Education Teacher specifically providing autism-related service to your child. Letter must recommend the specific service/equipment requested, clearly stating how it benefits the child. Must reference autism diagnosis and be written on service provider's letterhead.
- Autism Diagnosis:** Provide a copy of your child's official autism diagnosis.
- Family Story:** Not to exceed two pages, please share why you are applying for a grant and how it will assist your family financially, how the service or equipment will assist your child's autism treatment and your family's autism journey. Please include any extenuating circumstances so that these may be considered too.
- Financial Document:** A copy of your current 1040 (tax return) must list child as a dependent. (SSI document if not filing taxes). If this doesn't have a local address, provide a current copy of a utility bill as proof of residency.
- Invoice/Statement:** Must indicate the individual amount(s) plus exact total for your request. Equipment request must be an invoice or website shopping cart link and include: exact item(s), costs and all taxes plus shipping. Service request must include: exact amount and service.
- Contact Information:** Please provide the retailer name and website where the equipment where the equipment will be purchased. For services, we require details of whom to make the check out to if awarded as well as business name, contact name, address, phone and email (if applicable).

Submit complete application via mail only to:

**Autism Empowerment, Attn: Luke's Journey Autism Fund
P.O. Box 871676, Vancouver, WA 98687**

Additional information or questions: **Please send email to lukesjourney@autismempowerment.org**

- Preference will be given to families showing financial need. Extenuating circumstances will be considered.
- Items not covered under this grant: equipment and autism services covered through health insurance, autism diagnostic appointments, gas money, medication (not administered by a physician), respite, services or equipment previously purchased or received.
- **Grant will only be considered if the application is complete and all required documents are provided.**
- Once your complete application has been received, you will receive notification of receipt via email or mail from Autism Empowerment. Requests are reviewed by Luke's Journey Autism Fund Committee and must be received by December 31st, 2017. Awards will be made in February 2018.
- If awarded a Luke's Journey Autism Fund grant, funds go directly to the provider, vendor, retailer or organization listed on the grant application. Funds will not be paid directly to the family. Once awarded, your request cannot be changed.



Luke's Journey Fund Application Form

Applicant Information:

Please refer to the instructions page for required accompanying documentation.
Only applications received in full will be submitted for review. Please complete all fields.

First Name	Last Name	Date
Street address:		Apt #
City	WA Zip Code	Phone
E-mail Address:		

Child's Name:	Date of Birth:	Diagnosis:
Has this applicant previously received a grant from Luke's Journey Autism Fund? <input type="checkbox"/> Yes Date of prior award _____ (Funding is only provided a maximum of once every 12 months.) <input type="checkbox"/> No		
Do you give permission for media coverage if awarded? Yes No	Total Amount requesting?	
Child's Insurance Provider(s):	DDA or DDS Eligible? ____ Yes ____ No ____ Unsure	

Requested Service(s) or Equipment:

Referral letter must list all items and/or services. Invoice(s) must show total of exact amount (including taxes and shipping)
For requests from multiple providers, please provide a list of all items, prices and totals. (Attach separate sheet.)

Item(s) _____

Contact Details for Payment of Service or Equipment

Service (Name of whom to make the payment to) / Equipment (Business Name & Website)

Business Name:	Contact Name if any:		
E-mail address:	Website:		
Address:			Phone:
City:	State:	Zip:	Fax (optional)

I understand that false or misleading information in my application may result in losing my grant if awarded, being required to return disbursed funds and other actions against me. I also understand that the funds I receive may be less than I applied for. If awarded a grant, Autism Empowerment and Luke's Journey Autism Fund will be held harmless for any outcomes from using awarded service or equipment, nor are they responsible for additional expenses, replacements, installation or maintenance.

I understand that if my grant is approved, I can begin using the funds by contacting my provider. All funds will be sent directly to the provider; funds are **nontransferable**, and can ONLY be used for providers listed on my application for specific item(s) being requested. Checks not cashed within 90 days will be canceled. If I am unable to use the funds, checks must be sent back to Autism Empowerment.

I understand that submitting this application is no guarantee I will receive a grant. Autism Empowerment reserves the right to approve or deny grants as deemed appropriate by Luke's Journey Autism Fund Committee. Autism Empowerment will not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. The information provided with this application is confidential. I understand that I will be notified if approved.

I certify that I understand the terms of this grant, and that my answers are true and complete.

Signature _____ Date _____