

# ASF Grant Application Instructions and Form

Date:

Full name of person completing application:

Address (Must be a Walworth County resident):

Phone:

Email:

What school district does the recipient attend?

Recipient's name:  Age of recipient:

Diagnosis of recipient\*:

\*See instructions for details

Number of children in household:  Have you received ASF funds before?  Yes  No

Brief description of how the ASF funds will be used:

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Amount of request:  Description of item:  Vendor:

How will these funds assist the recipient's treatment plan/growth/development or promote the recipient's independence or life skills? Attach documentation regarding the item requested.

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Explain your financial need\*:

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\*Please include verification of household income; see instructions.

# Autism Support Fund: Application Instructions

- To request ASF funding, please complete the application form on the other side.
- Age of the recipient must be between 2 and 21 years old.
- \*Recipient's diagnosis must be an autism spectrum disorder (ASD).  
Please provide documentation from a licensed psychologist or behavioral health professional who has completed a comprehensive evaluation.
- Services/programs/equipment you are applying for must be related to the evidence-based treatment of an autism spectrum disorder.  
Examples: Tools/equipment specific for ASD; respite services; social skills classes.
- You may submit one (1) application per quarter, (1) requested item per application, for a maximum of \$1,000 per year. Checks will be written to the vendor.
- Applications must be submitted via email or mail to:  
Email: [jjohns@mhemail.org](mailto:jjohns@mhemail.org)  
Mail: Mercyhealth Development Foundation, c/o Jennifer Johns  
903 Mineral Point Ave, Janesville, WI 53548
- Applications will only be considered if the application is fully completed.

Grants are only accepted quarterly:

January 1 - 31	1st quarter notified at the end of March
April 1 - 30	2nd quarter notified at the end of June
July 1 - 31	3rd quarter notified at the end of September
October 1 - 31	4th quarter notified at the end of December

\*Applicants must present documentation of a verified diagnosis, according to the criteria set forth by the Ins 3.36, Wis. Adm. Code. A verified diagnosis of autism spectrum disorder must be made by a provider skilled in testing and in using empirically validated tools specific for autism spectrum disorders. In addition, the diagnosis must provide evidence that the patient meets the criteria for autism spectrum disorder in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Further, the assessment should include both a standardized parent interview regarding current concerns and behavioral history as well as direct, structured observation of social and communicative behavior and play. The diagnostic evaluation should also assess those factors that are not specific to an autism spectrum disorder, including degree of language impairment, cognitive functioning, and the presence of nonspecific behavioral disorders.

**\*\*In order to assess your financial situation, you must complete the application in its entirety.**

You must also include:

- Copies of the most recent income information for each adult in the household including pay stubs, Social Security, unemployment, retirement, pensions, etc.