

# ASF Grant Application Instructions and Form

Date:

Full name of person completing application:

Address (Must be a Rock or 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

If yes, what did you receive and when did you receive it?

Brief description of how the ASF funds will be used:

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Amount of request:

Vendor and description of item:

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# ASF Grant Application Instructions and Form (continued)

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; social skills classes, learning devices, etc. When requesting funding for treatment/services, the service must be evidence-based.
- You may submit one (1) application per quarter, (1) requested item per application, for a maximum of \$500 per year in Rock County and \$1,000 per year in Walworth County. 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	First quarter
April 1 - 30	Second quarter
July 1 - 31	Third quarter
October 1 - 31	Fourth quarter

**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.