



SPRING FORWARD FOR AUTISM

Piecing the Puzzle Together...

Spring Forward For Autism, Inc. Grant Application

Mother's Name

Father's Name

Child's Name

Address

Contact's Phone Number

Contact's Email Address

1. Has your child been diagnosed on the Autism Disorder Spectrum?
2. Date Child was diagnosed?
3. Does your child have an IEP?
4. What is your child's age?
5. What services (therapies, tutoring, specialized education, etc.) is your child currently receiving?
6. What will the funds be used for?
7. Have you chosen a provider for these services, if so, who?

8. Are you receiving any other financial assistance related to your autistic child?
9. What is your annual household income?
10. Have you received a grant previously from SFFA? If so, when and how much?
11. How did you hear about our grant program?

Please provide any additional information that you feel will assist us to understand your need.

Please attach your child's ADOS and IEP (if available) and the first page of your most current tax return to the application.

Your application can be emailed to sheila.schmitt@springforwardforautism.net or mailed to 7955 S. Highway A1A, Melbourne Beach, FL 32951.

Spring Forward For Autism is a 501 (c)3 not-for-profit organization.
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