



Family Support Grant Application

Mother's Name :

Father's Name :

Child's Name :

Address :

Contact's Phone Number :

Contact's Email Address :

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



SPRING FORWARD FOR AUTISM

Piecing the Puzzle Together...

P.O. Box 510342 | Melbourne Beach, FL | 32951 contact@springforwardforautism.org

9. Are you receiving any other financial assistance related to your autistic child? If so, please explain.

10. What is your annual household income?

11. Have you received a grant previously from SFFA? If so, when and how much?

12. How did you hear about our grant program?

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

Signature: _____ Date: _____

Please attach your child's ADOS and IEP (if available) and the first page of your most current tax return to the application. If you are applying for a grant to cover diagnostic expense, your application may be shared with the Scott Center for Autism Treatment to evaluate whether your child qualifies for their virtual diagnosis program.

Please email your application to Contact@springforwardforautism.org