

## Ben's Fund Young Adult Autism Grant Instruction Page

Ben's Fund mission through FEAT of Washington is to provide grant opportunities to Washington state residents, who need financial assistance with early adult transitional support specifically related to the young adult's autism spectrum disorder.

To apply for a grant of up to \$1000.00 per young adult from Ben's Fund, please print out and complete the application in accordance with the following grant instructions. Only complete applications will be considered.

### Grant Eligibility

- Young adult must have a documented autism spectrum diagnosis.
- Age of young adult must be between 19-23.
- Young adult's place of residence must be a Washington state address.
- Have financial need, indicated by financial documents (both young adult and parents/guardians) and extenuating circumstances.
- Items covered by the grant will be related to education, job training, social and life skills to support the young adult's autism treatment.

### Required Documents Checklist – Must be submitted with a complete application

- Referral letter: Must be signed by a Doctor, Therapist or an autism professional specifically providing an autism related service. Letter must recommend the specific service requested, clearly stating how it will benefit the young adults autism treatment. Must reference autism diagnosis and be written on service providers letterhead.
- Autism Diagnosis: Please provide a copy of the young adults official autism diagnosis.
- Young Adult & Family Story: Not to exceed two pages, please share why you are applying for a grant, how it will assist your family and the young adult financially. Please include goals of young adult. Explain how the services will assist the young adult as an autism service or tool. Also, please include any extenuating circumstances so that these may be considered.
- Financial Documents: We require financial information from the young adult as well as the parents/guardian. A copy of the current 1040 (tax return) or SSI document if not filing taxes. If this does not have a WA state 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. Service requests must include the exact amount and service (outlining patient balance, we do not fund the insurance portion of a bill).
- Contact Information: Please provide the name and details of whom to make the check out too if awarded; organizations name, contact, address & phone.

### Submit complete application via mail only to: FEAT of WA/ Attn: Ben's Fund

14434 NE 8<sup>th</sup> St. Suite #300, Bellevue, WA 98007

Please attach sufficient postage with your application or it may be returned to you.

### Additional information – For further assistance please send email to [bensfund@featwa.org](mailto:bensfund@featwa.org)

- Preference will be given to young adults showing financial need, extenuating circumstances are considered.
- Young adult Ben's Fund grants fulfilled will either be 10 per month or 120 per year. Applications will automatically roll over each month for one year from application date.
- Grants will only be considered if the application is complete and all required documentation is provided.
- Once your application is received you will be notified via phone or email. If complete, your application will be reviewed at the next monthly meeting of the Ben's Fund Review Committee. Please allow extra processing time for multiple requests or missing/incomplete documentation. You will be contacted via email or phone after the committee has reached a decision. Please allow a minimum of 60 days to process your application.
- If awarded, the amount will be determined by the Ben's Fund Committee. Young adults may apply once every 12mths from date of previous award. If you have health insurance you are still eligible for this grant.
- If awarded a Ben's Fund grant, funds will go directly to the service provider or organization listed on the grant application. Funds will not be paid directly to the family or young adult. Once awarded your request cannot change.



### Ben's Fund Autism Young Adult Grant Application Form

**Applicant Information: Please refer to the instruction page for required accompanying documentation  
Only applications received in full will be submitted for review. Please complete all fields.**

Young Adult Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Contact Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) E-mail Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Young Adults Age B/date: Yrs / /

Is this applicant a previous Ben's Fund recipient: Yes or No Current FEAT of WA member: Yes or No

If YES, when was the last award date / / How did you hear about Ben's Fund?

Do you give permission for media coverage if awarded? TOTAL AMOUNT REQUESTING \$

**Requested Service:**  
**Referral letter must list all items. Invoice/s must show total of exact amount.**  
For multiple requests please provide a list of all prices and totals. Allow additional processing time.

Item/s: \_\_\_\_\_

**Contact Details for Payment of Service:**  
**Service (Name of whom to make the check payment to)**

Organizations Name: \_\_\_\_\_ Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: ( )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: ZIP:

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, FEAT of WA will be held harmless for any outcomes from using awarded service or equipment, nor are they responsible for additional expenses, replacement, installation, 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 that provider; funds are nontransferable, and can ONLY be used for providers listed on my application for the specific item 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 FEAT of WA at which point you may reapply for a different request.  
I understand that submitting this application is no guarantee I will receive a grant. Some of the reasons my grant may be denied include but are not limited to: lack of funds, incomplete information on my application (applications must be completed in full and sent with all supporting documentation), or if I do not fit the criteria for a grant at this time. FEAT of WA reserves the right to approve or deny grants as deemed appropriate by the Ben's Fund Review Committee and/or BOD of FEAT in its sole discretion, provided that FEAT of WA will not discriminate on the basis of race, color or national origin. I give permission to FEAT of WA to sign me up for FEAT of WA membership if I am not already a FEAT of WA member. The information provided with this application is confidential. I understand that I will be notified if my grant application is approved.  
*I certify that by submitting this application that I understand the terms of this grant, and that my answers are true and complete.*  
Signature \_\_\_\_\_ Date \_\_\_\_\_