



Instructions: Please complete each of the fields below.
Submit the completed form via email to the address below:
Autism Recovery Foundation
contact@autismrecoveryfoundation.org

CANTEEN GRANT ELIGIBILITY INFORMATION

Canteen Grant proposals will be accepted on a rolling basis and reviewed by the Autism Recovery Foundation Canteen Grant Committee and Board of Directors. The following eligibility requirements must be met:

1. Grants will be made to children with a diagnosis of Autism Spectrum Disorder. At this time grants support children under the age of 18 years.
2. The child must be a resident of Minnesota.
3. The child for which the request is being made must be enrolled in an intensive early intervention program and be referred by the agency providing ABA services.
4. Only one grant can be given per family for any one calendar year. Families that have previously been accepted or denied a Canteen Grant are encouraged to apply again as additional funds may be available in a future grant cycle.
5. The maximum grant award is \$500 per year. Grant proposals that exceed this amount will not be considered.
6. Grant requests will only be considered if the grant application is fully completed. Please complete the checklist below to submit a complete grant proposal.
7. The requested items or activities in each grant proposal must be related to and used as part of the child's Individualized Treatment Plan (ITP) for Applied Behavior Analysis (ABA) services. Please work with your clinical team to determine the needs that would be covered by the grant. Additional information is available on our website regarding the types of items we fund, however in general, grant proposals should be for program supplies, reinforcers, activities, etc. used in the implementation of the child's ABA goals and objectives. The grant committee reserves the right to request additional documentation if necessary.

ELIGIBILITY CHECKLIST

Please complete the checklist below to ensure that your family meets the Canteen Grant eligibility criteria AND you have all the materials necessary to submit a completed application:

Eligibility Checklist:

- My child is under the age of 18.
- My child is a legal resident of Minnesota.
- My child has a diagnosis of Autism Spectrum Disorder.
- My child is currently receiving early intensive behavioral intervention.
- My family has not received a Canteen Grant this calendar year. (Note: only 1 grant will be distributed per calendar year)

Materials Checklist:

- I have completed all fields of the attached application.
- I made a grant request for therapy expenses in a dollar amount up to \$500.
- I attached a letter of support from my child's current early intensive behavioral intervention provider.

GUARDIAN/PARENT CONTACT INFORMATION		
Parent(s) / Guardian(s) (At child's address)	Parent(s) / Guardian(s) (If at additional address)	
Name:	Name:	
Street Address:	Street Address:	
City, State Zip:	City, State Zip:	
Phone:	Phone:	
Email:	Email:	
Income:	Income:	
FAMILY SIZE		
# of Adults:	# of Children (under 18):	
# of Children with autism diagnosis:		
CHILD'S INFORMATION (please submit only one grant application per family)		
Child's Name:	Age:	Date of Birth:
School District:	Grade (if applicable):	
Medical Diagnosis or Condition:		
Second Child's Name (if applicable):	Age:	Date of Birth:
School District:	Grade (if applicable):	
Medical Diagnosis or Condition:		

GRANT REQUEST (To be completed with your ABA provider)

What is the total amount you are requesting? *(not to exceed \$500):*

What ABA program needs would you like ARF to fund? *(Describe the part of your ABA treatment plan that the money would be spent on – use only the space in this box. Then list the types of items or activities in the table below):*

Requested Item or Activity	Estimated Cost

APPLIED BEHAVIOR ANALYSIS SERVICE PROVIDER INFO

Name of ABA Service Provider:

Service Provider's Address:

Service Providers Phone Number:

Service provider's Email:

IMPORTANT:

You must attach a letter of support from your ABA provider describing your grant request and how it relates to your child's ABA treatment (no more than one-page in length).

PROVIDERS:

The letter of support should be developed with the family and include an overview of the requested items and activities and a description of how the items and activities are related to the child's ABA treatment plan. General information about the costs of the items or activities is helpful for the grant committee to make decisions about the request.

SPECIAL CIRCUMSTANCES

Describe any special financial or other challenges that you are facing, that you would like us to consider for your request. (Use only the space in this box):

RELEASE OF INFORMATION (must be signed in order to be considered)

I _____ and/or _____
(Parent / Guardian) (Parent / Guardian)

authorize _____
(Service Provider)

to share information about my child(ren) _____
(child(ren)'s name)

with any Autism Recovery Foundation (ARF) Board Member, Staff or Volunteer who is seeking information in their capacity. (ARF will only use this release to confirm services provided for child. All information will be kept confidential.)

Signature of Parent / Guardian:

Date:

Signature of Parent / Guardian: :

Date: