



Autism Flutie Fund Application

Parents of children (birth to age 22) with an autism diagnosis may request up to \$200 per year to help purchase equipment, therapeutic services, attend an autism-related event, caregiver respite or childcare, or for a summer camp.

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|------------------------------------|--|-----|--|
| Parent's Name | | | |
| Mailing address | | | |
| County | | | |
| Phone number | | | |
| E-mail | | | |
| Child's name with Autism | | Age | |
| Date of Birth | | | |
| Sibling(s) name, age and birthdate | | | |

Our Federal grant requires we collect and report demographic information.

I identify as (check all that apply)

- Asian Black/African White Hispanic/Latino Native American
 Pacific Islander Prefer not to answer Other _____

Please describe your request. What do you plan to purchase with the funds? Please be specific with details, including dates, locations, description of equipment, therapy, or name of a summer camp etc.

If awarded this money, what will change for you or your family? What are some specific benefits your child and/or family will experience from this funding?

Anticipated total cost of request. If more than \$200 how will you pay for the rest?

In your own words, tell us what this funding means to you and your family. Is there anything else you would like to say about this Flutie Foundation opportunity?

| | |
|-----------|--|
| Signature | |
| Date | |