ADS

PO Box 73

Wappingers Falls, N.Y. 12590

 Email: autismdirectoryservicehv@gmail.com

**Universal Grant Application**

\*Checks will be made out to provider and sent to you.

\*Provide proof of diagnosis (Doctors note, OPWDD Statement, IEP cover page)

\*Applications without sufficient information will not be considered until the packet is complete.

 **Our goal is to provide grants to those who might not have the means to access assistance to address their special needs.**

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**Please check one: Recreational/Art \_\_\_\_\_ Educational \_\_\_\_\_ Social \_\_\_\_\_**

 **Conference\_\_\_\_\_**

**Applicant: Name, address, County, phone and email required**

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**Name of person or organization receiving grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program, service or materials for which you are applying**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name, address, County, phone and email where check should be sent:**

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**Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please be aware partial payment may be granted)**

**Has applicant’s insurance been billed? Yes \_\_\_\_ No \_\_\_\_ Include insurance denial**

**Check made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please check off the following to ensure you have included all required information.***

* Completed application
* Detailed information about program, invoice for payment directly to provider.
* Proof of diagnosis
* **Current** contact **including email** information of the person applying for the grant.
* Please make a copy of your application prior to sending.

**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*All applications are reviewed on a monthly basis. Applications without sufficient information will not be considered until the packet is complete. \*\*