

Bureau of Autism Services  
Pennsylvania Department of Public Welfare  
PO Box 2675  
Harrisburg, Pennsylvania 17105-2675

ANNOUNCEMENT  
February 22, 2008

**Bureau of Autism Services Family and Individual Mini-Grants**

The Bureau of Autism Services of the Pennsylvania Department of Public Welfare is pleased to announce the availability of mini-grants to support individuals with an Autism Spectrum Disorder (ASD) and families that include an individual with ASD. A focus of this project is to reach out and serve individuals and families that are not able to access existing support systems for various reasons (for example: eligibility criteria, age, waiting lists). *The term "family" may include an immediate family member or other relative, a person providing foster care or a legal guardian or custodian, but does not include a person or entity who acts in a paid employment capacity.* These grants are funding opportunities that will only be offered once and are time limited.

**Important Dates:**

<b>Applications are due (postmarked by):</b>	<b>April 18, 2008</b>
<b>Notification of awards sent by mail on or about:</b>	<b>May 12, 2008</b>
<b>Activities must occur between these dates:</b>	<b>March 1, 2008 and August 31, 2008</b>

**Who Can Apply?**

Eligible applicants will meet the following criteria:

1. Be a resident of Pennsylvania.
2. Be an adult with ASD or have a family member (of any age) with ASD.
3. The applicant and/or the individual with ASD does not currently receive, and has not received within the past 12 months, any other family support services, including waiver funded services, Family-Driven Support Services, services funded under Individual Support Plans, county-based funds from MH/MR or other similar services or funding.  
**\*\* Individuals who receive BHRS/Wraparound and/or Early Intervention services are eligible for this grant.**
4. Are not employees or contractors of DPW's Bureau of Autism Services.

**What is the Amount of the Grant?**

The mini-grant amount per individual with autism cannot exceed \$500.00. Total funding for these mini-grants is limited and not everyone who applies for this grant will be funded. **This funding is only offered once and can be used only for activities/supports which occur between March 1, 2008 and August 31, 2008.**

### **How will you choose who will be funded?**

Priority will be given to individuals who did not receive a Bureau of Autism Services Mini-Grant in 2007. Total funding for these mini-grants is limited and is on a first come, first served basis; and not everyone who applies for this grant will be funded.

### **What Services or Activities Can Be Funded?**

Because the funds awarded to families must be used no later than August 31, 2008, the Bureau of Autism Services has created a limited list of supports and activities appropriate for this funding. This list was created based on input from families in Pennsylvania as well as recommendations made within the 2004 Autism Task Force Report. **The following supports and activities are eligible for funding as long as the activity or support occurs between March 1, 2008 and August 31, 2008:**

- Respite or child care (services may be informal and do not need to be through a respite care agency – e.g. child care can be provided by a private babysitter).\*
- Summer camp program.
- Autism or advocacy related conferences, workshops or training opportunities (registration fees and reasonable accommodation expenses only, travel and meal expenses will not be reimbursed).
- Recreational or community programs.
- Modifications or adaptations for home and/or community for safety (for example: door locks, alarms or other items to prevent an individual from leaving home or yard).

*\*Respite or child care provider MUST be someone who does not currently reside with the individual with ASD. Funds provided for respite/child care will be on a reimbursement basis. The grantee will be provided with a form which will list dates of service and costs and will require the signature of the provider of the service.*

### **What Services or Activities Cannot Be Funded?**

The following list of services and activities cannot be funded. Those services/activities/items include but are not limited to:\*

- Any type of therapy.
- Computers or computer related software and hardware.
- Augmentative communication devices.
- Educational materials.
- Transportation or meal costs.
- Items for the home and/or community that are not for safety purposes.
- Sensory equipment for home and/or community use.

*\*Applications requesting any ineligible activities or services will not be considered.*

### **How Do I Apply?**

Mail your completed application and materials to the address on page 8 of this application. **The deadline for submission is April 18, 2008. Applications must be postmarked by no later than this date.** Applications which are faxed or e-mailed will not be accepted. We are not

responsible for applications returned for insufficient postage, delayed or lost in transit to our office. **Incomplete and illegible applications will not be considered for funding**, so please be sure that your application is signed and complete with all necessary documentation attached.

### **When Will I Find Out if I am Funded?**

We will begin notifying applicants whose applications have been selected for funding on or about May 12, 2008 by mail. Because of the anticipated volume of applications, we are unable to provide acknowledgement of receipt or status of grant awards to all applicants. **Only applicants who have been awarded a mini-grant will be contacted.**

### **How Will I Get The Funds If I Am Awarded A Mini Grant?**

Whenever possible, checks will be made payable to the provider of the support or activity requested and then forwarded to the grantee to deliver payment to the provider. **If payment has been or will be made before May 12, 2008, a copy of an itemized receipt or invoice will be required for reimbursement.** Recipient will be responsible for paying any expenses in excess of the maximum grant amount (for example, if the cost of a camp is \$700, applicant would be eligible to receive a maximum of \$500 and would be responsible for paying the \$200 difference between the total cost and the amount of the grant).

### **What If I Have Questions?**

See the Bureau of Autism Services Website under “News Items” at **[www.autisminpa.org](http://www.autisminpa.org)** for a list of Frequently Asked Questions, email [c-jsands@state.pa.us](mailto:c-jsands@state.pa.us) or call toll-free, 1-866-497-6898.

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 Pennsylvania Department of Public Welfare  
 PO Box 2675  
 Harrisburg, Pennsylvania 17105-2675

**APPLICATION FOR BUREAU OF AUTISM SERVICES  
 FAMILY AND INDIVIDUAL MINI-GRANT**

**I. Applicant Information:**

<b>Applicant Name**</b> ** <u>Applicant must be 18 years of age or older</u>	<b>First Name:</b>		<b>Last Name:</b>	
<b>Street Address</b>				
<b>City</b>				
<b>State</b>	<b>PA</b>	<b>Zip Code</b>		
<b><u>County</u> within PA</b> (e.g. Allegheny)				
<b>Daytime Phone #</b>	(       )	-		
<b>Name of family member with ASD</b>	<b>First Name:</b>		<b>Last Name:</b>	
<b>Individual's (with ASD) date of birth (mm/dd/yyyy)</b>	/       /			
<b>Applicant's relationship to the individual with ASD (check one box)</b>	<input type="checkbox"/> <b>Parent/Step-Parent</b> <input type="checkbox"/> <b>Grandparent</b> <input type="checkbox"/> <b>Self</b> <input type="checkbox"/> <b>Other</b>			

<b>Date Received:</b>	<b>FOR OFFICE USE ONLY</b>	<b>Comments:</b>
	<input type="checkbox"/> <b>Eligible</b> <input type="checkbox"/> <b>Ineligible</b>	

## **II. Request for Funding:**

List the activities/services for which funds are requested in the table below. These may include one or more of the following (total amount for all activities/services may not exceed \$500):

- Respite or child care (services may be informal and do not need to be through a respite care agency – e.g. child care can be provided by a private babysitter).
- Summer camp program.
- Autism or advocacy related conferences, workshops or training opportunities (registration fees and reasonable accommodation expenses only, travel expenses will not be reimbursed).
- Recreational or community programs.
- Modifications or adaptations for home and/or community for safety (for example: door locks, alarms or other items to prevent an individual from leaving home or yard).

Eligible Support/Activity Category From Previous List (Respite, Camp, Recreation, etc.)	Name and Address of Provider of Support/Activity	Cost of Support/Activity (total may not exceed \$500)	Date(s) of Support/Activity (must occur between 3/1/08 and 8/31/08)	FOR OFFICE USE ONLY
<b>EXAMPLE:</b> Summer camp	XYZ Camp 123 Any St. Anywhere, PA 12345	\$495	4/5/08 – 6/7/08	
1.				<input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> NF
2.				<input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> NF
3.				<input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> NF

### **Please Note:**

- **Attach documentation stating the cost of the Support/Activity (for example: conference brochure, camp brochure, announcement, invoice or recreational program receipt on letterhead).\***
- If payment has been or will be made before May 12, 2008, a copy of an itemized receipt or invoice showing the name of the provider of the item or service, the date of service or date of purchase, as applicable, and the amount will be required for reimbursement. **If payment has already been made, please include a copy of the itemized receipt or invoice with this application.**

*\*Applications without required documentation will not be considered.*

**III. Verification by Medical Professional:**

Please have medical professional fill out the following form:

**I attest that \_\_\_\_\_ has a  
medical diagnosis of Autism Spectrum Disorder.**

**Medical Professional's Name (print) \_\_\_\_\_**

**Practice Address: \_\_\_\_\_**

\_\_\_\_\_  
**Medical Professional's Signature**

**Provider #** \_\_\_\_\_

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**OR**

**Attach a copy of a report from a neurologist, developmental pediatrician or PA Licensed  
Psychologist or Psychiatrist confirming that the individual has an ASD diagnosis.**

#### **IV. Confirmation of Eligibility:**

I agree and confirm that:

- I am a resident of Pennsylvania.
- I am an adult with ASD or have a family member with ASD.
- The applicant and/or the individual with ASD does not currently receive, and has not received within the past 12 months, any other family support services, including waiver funded services, Family-Driven Support Services, services funded under Individual Support Plans, county-based funds from MH/MR or other similar services or funding.
- I agree to waive, release and forever discharge the Pennsylvania Department of Public Welfare, Tuscarora Intermediate Unit 11 (funding agent), their agents, representatives and employees from any and all claims for damages to persons or property which may occur or be sustained during the course of, or arising out of, or in connection with this application or participation in the Bureau of Autism Services Family and Individual Mini Grants program.
- I certify that all the information given above is true and correct and understand that if I am found eligible, my grant may be terminated if I have made any material false or incomplete statements in this application, either about myself or on behalf of the recipient. I authorize verification of the information provided in this application. This permission will survive the expiration of my grant eligibility.

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**Signature of Applicant**

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**Date**

### **Mailing Instructions**

**Mail completed application and applicable supporting documentation to:**

**Attn: F&I Mini-Grant  
Bureau of Autism Services  
Pennsylvania Department of Public Welfare  
PO Box 2675  
Harrisburg, Pennsylvania 17105-2675**

**\*\*The deadline for submission is postmarked by April 18, 2008\*\***

*Applications will only be accepted by mail. Faxed or e-mailed applications will not be considered. We are not responsible for applications returned for insufficient postage, delayed or lost in transit to our office.*

This form is also available on the Bureau of Autism Services Website, under “News Items” at: **[www.autisminpa.org](http://www.autisminpa.org)**.

#### **Checklist:**

**Did you include?**

- **The completed and signed application?**
- **Documentation stating the cost of the requested service and/or activity?**
- **Verification of medical diagnosis (form filled out by medical professional or attached copy of report)?**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.**