

PAWS 4 AUTISM

Helping families help their children connect with the world....4 paws at a time.

Matching Grant Application

Dear Applicant,

Please print, fill out and sign the documents in the attached application and return your completed application to our office by fax to: 818-812-7282; by e-mail at: terri@paws4autism.org or by mail to: PO Box 675 Lees Summit, MO 64063.

If you need additional information, feel free to call me at 816-810-1924.

THE COMPLETED APPLICATION MUST INCLUDE ALL OF THE FOLLOWING:

1. A small, recent photo of your (applicant) child and a short summary as to why they are in need of an autism service dog.
2. Documentation of a diagnosis of Autistic Disorder and a prescription for a service animal from your medical provider.
3. Referral to our program from your Autism Service Dog Agency/Trainer
4. We ask that you please re-visit our website www.paws4autism.org and review how our program works so when we speak on the phone you have an understanding of your participation in fund raising.
5. On the application please highlight the best number to reach you and times. If approved we will contact you within 3-4 weeks for a final phone interview.

Applications that are sent with missing parts may be lost or significantly delayed.

If you have questions please contact me through e-mail at: terri@paws4autism.org

Sincerely,
Terri Wible
Co-Founder & Program Director

Application

Please fill out all forms, questionnaires and charts. **Please print legibly**

P4A recognizes that demand for funding of autism service dogs is high and availability is limited. Unfortunately due to the demand, P4A must qualify applicants. P4A advises families to apply as early as possible.

All applicants will need to fill out and fax/email the following:

- **Application Form**
- **Funding Agreement**
- **Proof of income** - This can be a copy of a check stub, unemployment benefits, disability benefits, etc. The proof of income must be recent, and we cannot use tax forms for this purpose.
- **Copy of a written diagnosis of Autism from a medical practitioner as well as a prescription for an Autism Service Animal.**
- **Name, address, approval letter and referral from an certified Autism Service Dog Provider/Training Agency.**
- **Photos and description detailing your child's need for an autistic service dog.** An individual webpage at the Paws 4 Autism's online website would subsequently be created to share this information (minus last names), thus supporting the organization's continued fundraising efforts for their financial grant program. Upon acquisition of the service dog, photos are requested within 30 days for addition to said page.

No application for funding will be considered without a complete application form, copy of medical provider's diagnosis and prescription, proof of applicant's income, and phone consult with both the applicant(s) and the Agency providing the Autism Service Dog.

If you have questions about any part of the application process, we recommend that you contact Paws 4 Autism via phone or email before sending your application. We are available by phone Monday through Friday during regular business hours (9a-5p Central Time) at (816) 810-1924. We will also respond to email daily during the week, at terri@paws4autism.org . Please remember to put "P4A Fund" in the subject line of your email.

In order to receive funds from Paws 4 Autism, this application must be completed by the person(s) seeking funds. All applicants for Paws 4 Autism funding must provide the following information.

Statement of Financial Need

Please provide all the information requested below, including proof of income (prior year's Federal Tax return and most recent past 2 months of pay stubs. PLEASE REDACT SSN'S). Applicants are also asked to list assets, debts, and other financial information relevant to their application.

Applicant Information

Name: _____
Applicant Address: _____
City _____ State _____ Zip Code _____
Phone Number: _____ Alternate Phone Number (cell, work, etc.): _____
Email: _____

Name of Autism Service Dog Training Agency: _____
Address: _____
City _____ State _____ Zip Code _____
Phone Number: _____

Number of Dependents: _____
Total Donation Required by Approved Agency: \$ _____
Amount of monies raised: \$ _____

Income and Expense Breakdown

Monthly Expense Summary

(please enter 0 [zero] for those that do not apply)

*Income (Household Total) \$
*Mortgage/Rent \$
*Food \$
*Utilities \$
*Medical/Dental \$

*Transportation \$
*Child Care \$
*Insurance \$
*Child Support \$
*Miscellaneous \$

