

Grant Details

1. **Autism Spectrum Disorder Foundation:** Summer Scholarship Program: ASDF works directly with our partner organizations to provide scholarships to children who attend social skills camps. While we cannot help everyone, we were able to send many autistic children to camp last year through our Social Skills Camp Scholarship Program.
 - a. How to Apply: Applications must be submitted online. The application became available May 1st last year. This application is not open yet!
 - b. What Do you need to apply?: You will need the following information when you complete the application – name of camp/program, dates of camp/program, amount requested and the date the funds are due. You will also need to upload documentation stating your child is on the Autism Spectrum. If funds are available, we will consider your request.
 - c. Link to application: <https://myasdf.org/scholarship-application/>
2. **Autism Speaks-full list of resources:** The following is a list of grants from national organizations that offer support to families with autistic loved ones.
 - a. Link to website to find list of grants:
<https://www.autismspeaks.org/autism-grants-families>
3. **CARE Grant Program** is for helping families with medication, autism diagnosis/evaluation, therapy sessions (including speech, OT and ABA,) autism summer camps.
 - a. Who Can Apply: Anybody who has a child diagnosed with autism, lives within the US and has an income level less than \$75,000 per year for the entire household can apply to this grant. Before the grant is awarded, proof of ASD diagnosis from medical professionals as well as IRS Tax forms indicating the household income need to be provided.
 - b. Grant applications are accepted year round with no deadline. Grants are funded throughout the year and are determined by the funding available. (These grants are provided by the fundraising efforts of CARE Foundation team).
 - c. Link to Website: <https://careautismfoundation.com/family-funds/>
4. **CHICAGO AUTISM NETWORK:** Therapy Assistance Grant
 - a. Criteria for our 2024 Therapy Assistance Grant Program, applicants must meet the following criteria:
 - i. Have a permanent address in Illinois,
 - ii. Have a current autism diagnosis from an MD or qualified psychologist (screeners and public school evaluations don't count).

- iii. Have a household income lower than or equal to 200% of the federal poverty level. (see application for specific numbers)
- b. How is grant money distributed?
 - i. Grant money is distributed directly to service providers, up to the amount awarded. If you are approved for out-of pocket therapy costs, we will pay your therapy provider directly for approved therapy costs. If you are approved for help with insurance premiums, we will make monthly payments to your insurance provider up to the specified amount.
- c. Which therapies are approved for coverage?
 - i. Therapy Assistance Grants will cover therapies that have proven effectiveness including the following:
 1. Speech Therapy
 2. Occupational Therapy
 3. Physical Therapy
 4. ABA (Applied Behavior Analysis) Therapy
 5. Dialectical Behavior Therapy
 6. Cognitive Behavioral Therapy
 7. Educational/Developmental Therapy
 8. Social Skills Group
 9. Therapeutic Day School
 10. Pharmacotherapy
 11. Other Psychotherapy
- d. How do I submit my application?
 - i. We highly encourage you to email a PDF copy to info@chicagoautismnetwork.org. You can also or mail a hard copy to Chicago Autism Network, PO Box 804914, Chicago, IL 60680, but it must be received by October 1. Because of unpredictable mail delays, we highly encourage you to email your application if possible. Every year we have multiple applications arrive after the the due date that we are unable to process. If you are unable to submit using these methods, you can email info@chicagoautismnetwork and request a phone interview, and someone will fill out your application for you. If English is difficult for you, we will try our hardest to find a translator in your native tongue.

- e. Website: <https://www.chicagoautismnetwork.org/grants>
- 5. **Oracle Health Foundation:**
 - a. Oracle Health Foundation remains committed to the belief that all children deserve access to the healthcare they need, no matter their life circumstances, and we strive toward a world where that's the reality.
 - b. Website: <https://www.oraclehealthfoundation.org/request-a-grant>
 - c. Funding criteria
 - i. The child must be 18 years of age or younger (a person 19–21 may be considered if they are in a child-like mental state).
 - ii. The child must be under the care of a physician.
 - iii. The request must be clinically relevant to a specific healthcare need of the child.
 - iv. There must be no existing insurance coverage for the requested expenses.
 - v. One request per 12 months, per child for a maximum of three times in a child's lifetime.
- 6. **Special Angels Foundation:**
 - a. Special Angels Foundation is a charitable organization devoted to making the world a better place through various initiatives and fundraiser programs designed specifically to help families of special needs children.
 - b. Website: <https://specialangelsfoundation.org/apply-for-a-grant/>
 - c. Applicant must meet the following criteria:
 - i. Requires letter of medical necessity from primary pediatric specialist, pediatrician, therapist, social worker or IEP.
 - ii. Child must be under age 18
 - iii. Child must reside within the United States
 - iv. Must be a US citizen.
 - v. Quality of Life must be qualified by our Medical Advisory Board or your licensed physician. An IEP may be considered.
 - vi. Denial of assistance from other medical resources must be verified by a denial letter
- 7. **Autism Hero Project:**
 - a. Website: <https://www.autismheroproject.org/application>
 - b. Applications for this year have been closed. Applications for 2025 will re-open on October 1st 2024.
 - c. Important Information for Applicants

- i. Applicants **MUST** have a current autism diagnosis.
- ii. Applicants **MUST** be a resident of Illinois or Florida.
- iii. Applicants can be on **MEDICAID**, uninsured or have existing medical insurance.
- iv. Applicant's Household income and size will be taken into consideration (Priority will go to low-income and/or families with multiple dependents on the autism spectrum.)
- v. Applicants **MUST** complete a Personal Statement explaining their need for assistance within the application
- vi. If awarded, applicants can use their medical insurance for any and all therapies and medical needs but we **ONLY** audit for ABA Therapy.
- vii. One application per applicant. (All family members and siblings **MUST** have their own application).
- viii. Applicants **MUST** be seeking Applied Behavior Analysis (ABA) Therapy with a **MINIMUM** of 12 HOURS Weekly. (We require that all grantees maintain twelve (12) hours at a minimum of ABA per calendar week).
- ix. Applicants should please note that new health insurance plans typically require that your dependent's autism diagnosis be within the last three (3) years or may require that you get an updated evaluation in order to be applicable for ABA services. Applicants may be contacted for a phone interview or emailed for more information.
- x. Applications **MUST** be received no later than **MIDNIGHT** (No Exceptions) along with the current year's **TAX RETURN AND THE TWO MOST RECENT PAY STUBS OR UNEMPLOYMENT PAY STUBS FROM YOUR APPLICATION DATE.**

8. **Small Steps in Speech:**

- a. Small Steps in Speech is a non-profit foundation created in memory and in honor of Staff Sgt Marc J. Small who was killed in action in February of 2009 while serving his country in Afghanistan.
- b. Small Steps in Speech assists children with speech and language disorders by funding supplemental therapies and treatments for individuals. Our goal is to give children the chance to better express themselves in the world in which we live.
- c. Since 2009, Small Steps in Speech has awarded over \$1,000,000 in grants to over 800 deserving families across the country.
- d. **Grant Guidelines for Individuals**
 - i. Grants are awarded to individuals from **age 3 to 22** who are U.S. citizens living in the U.S. Please note when applying for a grant that the child

must be 3 years of age at the time of the application deadline (February 1, May 1, August 1, November 1).

- ii. Grants are not based solely on financial need. The financial needs of the family are considered, however, applications will not be accepted for a joint family income in excess of \$100,000.
 - iii. If the person nominating the applicant is not the parent or legal guardian, the parent or legal guardian must be notified by the person nominating the applicant.
 - iv. If applying for private speech therapy, the therapy provider and/or the therapist must be notified that the application has been made including their name(s) as providers.
 - v. Speech language pathologists must be licensed by the American Speech and Hearing Association (ASHA).
 - vi. Grants are awarded for future therapies, materials and/or workshops and will not be available for reimbursement of previous expenditures.
 - vii. Applications are not accepted for ABA therapy or IPads.
9. **Turning Wheels Foundation:** The Turning Wheels Foundation is currently accepting applications for therapy grants for children who reside in the Chicago metropolitan area (Cook, DeKalb, DuPage, Grundy, Kankakee, Kane, Kendall, McHenry, Will Counties) with a family income of \$100,000 or less. All applications are reviewed by the Board to determine grant awards.
- a. Mission: The Turning Wheels Foundation is on a mission to ensure that all children have access to the therapy care they need. Every day in the Chicagoland area thousands of children go without critical therapy needs due to financial constraints. Each day that goes by leaves these children further behind and impacts their lives, both now and in the future. By providing families and children with the right resources, we can change this outcome.
 - b. Website: <https://turningwheelsfoundation.org/apply-for-a-grant>
10. **Variety: The Children's Charity:**
- a. To find out if you qualify to receive help from Variety - The Children's Charity, please find your local chapter and contact the chapter directly.
 - b. If you look through the list and do not have a Variety chapter in your area, please e-mail Erica Lopez at erica@usvariety.org with the subject "Variety Grant Inquiry" and include:
 - i. Your first and last name
 - Child's first and last name
 - Child's age
 - Child's diagnosis
 - City and State in which child lives

- Equipment, product, or service for which you are requesting funding and estimated cost
- Annual household income

c. Website: <https://usvariety.org/grants/>