Autism Society
Dayton

Dayton Autism Society
4801 Springfield Street, Dayton Ohio 45431

Family Grant Application
Physician Statement

The Autism Society of Dayton offers children and adults living in Montgomery, Greene, Miami, Preble and Darke counties who have a diagnosis of Autism Spectrum Disorder the opportunity to request consideration for a grant, not to exceed $200.00. The purpose of this grant is to assist those in financial need to pay for things like therapy, respite care, supplies, equipment, and other expenses not covered by insurance.

The person named below has applied for a grant through the Autism Society of Dayton. By signing this document, you are confirming their diagnosis of Autism Spectrum Disorder.

To be completed by Requesting Parent/Legal Guardian/Adult:

Grant is being requested for [Name]: _____

Date of Birth_____/_____/_____ Tel: [_____] _____

Requesting Parent/Legal Guardian/Adult Name: _____

Applicant's Email_____

Applicant's Home Address: _____

To be completed by Licensed/Treating Physician, Psychologist, Therapist:

Name of Practicing Medical Personnel: _____

Name of Practice:_____

Website Address: _____

Practice Phone Number: _____

Are you accepting new patients? Y N

Is there a waitlist? Y N If so, how long? _____

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