



APPLICATION FOR ASSISTANCE

PROGRAM OVERVIEW:

Monterey Peninsula Autism Assistance (MPAA) is dedicated to providing community-based support and services to children with Autism. This support may include funding for behavioral, speech and occupational therapy, school equipment and advocacy services. At this time families must reside in the cities of Carmel, Carmel Valley, Marina, Monterey, Pacific Grove, Pebble Beach and Seaside. Families must show financial need to qualify and have an Autism diagnosis.

Our ability to provide assistance may vary each year based on the volume of applications and resources currently available. MPAA makes every effort to help as many families as possible and to give assistance where it is needed most.

We do require that parents contribute to some of the cost of services. Our goal is to take the financial burden off of families and make services available that otherwise may have been financially unobtainable.

ELIGIBILITY CRITERIA & REQUIREMENTS:

1. You are experiencing financial hardship and without assistance the supports your child needs would be unobtainable.
2. You have checked with your health insurance company to see what is already covered under your policy.
3. If your child is three years or older, families are required to have a professional assessment and Autism diagnosis with number of therapy hours and/or type of supports recommended.

Note: We understand that there may be a period of time before you hear back from agencies such as SARC and your insurance company but you are required to have made contact and are making an honest effort to get services started.

STEPS TO APPLY:

1. Gather all application materials required:
 - ✓ A completed application (Pages 3 & 4 of this packet)
 - ✓ A copy of the last filed tax return
 - ✓ Documentation of Autism diagnosis
 - ✓ If applying for assistance with early intervention- documentation of the recommended number of therapy hours

Note: All financial documents are reviewed discretely and kept confidential. You may black out Social Security numbers and the names of any minor children. These documents will be returned to you or destroyed. We do not run credit checks.

2. Scan and submit the application via email to Executive Director Mary Peitso at mp@mpautism.org or send completed packet by mail to:

Monterey Peninsula Autism Assistance
Attn: Mary Peitso
26150 S. Carmel Hills Drive
Carmel, CA 93923

MPAA ASSISTANCE APPLICATION

- We will notify you upon receipt of the application.
- Upon reviewing the application, the MPAA Board may contact you with questions or request additional information.
- MPAA may not be able to cover the entire cost of the therapy or resource you are applying for assistance with. Families that qualify will be offered an assistance package. Amounts may vary depending on the resources and number of children we are assisting at the time. All assistance packages offered are up to the discretion of the board.
- We make every effort to notify parents as soon as possible once a determination has been made. Please allow approximately fourteen (14) business days.
- There is no deadline to apply. MPAA accepts applications on a continual basis throughout the year.

Please contact Executive Director Mary Peitso with additional questions at (831) 920-8781.

APPLICATION

Please fill out all that apply.

A. APPLICANT INFORMATION

(Parent/caregiver filling out the form)

1. First and Last Name:
2. Mailing Address:
3. Primary Phone Number:
4. Email Address:
5. Number of dependents:

B. CO-APPLICANT INFORMATION

(If there is another parent/caregiver residing in the same household, please fill out the following information)

1. First and Last Name:
2. Primary Phone Number:

C. CHILD INFORMATION

1. First and Last Name:
2. Date of Birth:
3. School (if attending):

D. SUPPORT/SERVICES

1. I am applying for (please indicate all that apply):
 - a. Behavioral/speech/occupational therapy funding
 - b. School equipment funding
 - c. Advocacy services
2. Is child currently receiving therapy? If yes, where is it being provided?
3. Amount Requesting from MPAA: \$ _____

Any additional comments regarding the support or services you are seeking:

E. INCOME INFORMATION

1. Current Annual Household Income (from past 12 months):
2. Current Monthly Household Income (averaged over the past six months):
3. Other Income (i.e. child support, alimony, etc.):
4. Monthly expenditures (total you pay out in expenses each month):
5. If your child attends school, does your child qualify for free or reduced lunch?: Yes/no
6. Please list any other resources providing assistance that you have looked into:

STATEMENT OF FINANCIAL HARDSHIP

Please use the space below to briefly describe your current financial hardship and any other factors you would like the MPAA Board to take into consideration:

I, the undersigned, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. I am providing this information of my own free will and any information contained herein is to be used solely for the purpose of determining eligibility for financial assistance through MPAA.

Applicant Signature

Date

Co-Applicant Signature

Date