



## ASCV COVID-19 Relief Fund Application

Our COVID-19 Relief Fund provides direct financial assistance to individuals and families for groceries, essential household supplies, activities, and/or caregiver self-care opportunities. During these difficult and uncertain times, we believe more than ever that our mission remains critical to our community. Complete the form below to apply for funds. If you have any questions, please email us at [info@ascv.org](mailto:info@ascv.org).

**Please note - in order to support as many families as possible with our limited funding, those who received funding in the first round of applications are not eligible to apply again.**

### CONTACT INFORMATION

Name:

Please confirm you are:

- I am the primary caregiver/parent/guardian of an individual with autism (e.g., an ASD medical diagnosis, an educational label or other verifiable documentation from a qualified professional).
- I am an adult with a formal diagnosis of autism (e.g., an ASD medical diagnosis, an educational label or other verifiable documentation from a qualified professional).
- Both

Phone Number:

Email:

*\*Please note, if your application is approved, your gift card will be sent to this email address.*

Address:

City:

State:

Zip Code:

County:

Are you a current ASCV Member? Please note: You do not have to be a ASCV Member to be eligible to receive funds from this program. However, priority will be given to current ASCV members.

- Yes
- No

Which category of funding are you applying for?

- Essential Items and/or Groceries (up to \$100)
- Activities and/or Entertainment for Individual(s) with Autism (up to \$50)
- Self-Care for Caregivers (up to \$50)
- Combination of Essential Items & Activities (up to \$100)

**ESSENTIAL ITEMS and/or GROCERIES**

**You can apply for up to \$100 and have a choice between Food Lion, Kroger, Publix, or Walmart gift cards.:**

Please select from the following options:

- Food Lion gift card (mailed to the address provided)
- Walmart e-gift card
- Publix gift card (mailed to the address provided)

What amount are you requesting?

Please share what receiving this support would mean to you.

**ACTIVITIES and/or ENTERTAINMENT- INDIVIDUAL(S) WITH AUTISM**

**You can apply for items or activities up to \$50. Examples might include art supplies, LEGOs, games, exercise equipment, online activities, subscriptions to virtual programs or educational resources, etc.**

Name of individual with autism who you are applying for:

What item or activity are you requesting?

Please include a link for the item or activity here. If you are requesting an item or activity that can be distributed electronically, we will process through email. If you are requesting an item that needs to be delivered, we will have it shipped to you directly at the address you provided. Examples can be found on our website - <https://ascv.org/relieffund/>.

Please share what receiving this support would mean to you.

**SELF-CARE for CAREGIVERS**

**You can apply for items or activities up to \$50. Examples might include movie rentals, take-out, virtual recreational activities, etc.**

What item or activity are you requesting?

Please include a link for the item or activity here. If you are requesting an item or activity that can be distributed electronically, we will process through email. If you are requesting an item that needs to be delivered, we will have it shipped to you directly at the address you provided. Examples can be found on our website - <https://ascv.org/relieffund/>.

Please share what receiving this support would mean to you.

**COMBINATION of ESSENTIAL ITEMS & ACTIVITIES**

**You can apply for a combination of essential items and/or groceries and items and/or activities for a combined total of up to \$100.**

Please select from the following options:

- Food Lion gift card (mailed to the address provided)
- Walmart e-gift card
- Publix gift card (mailed to the address provided)

What is the amount are you requesting?

Please select from the following:

- Activities and/or Entertainment - Individual(s) with Autism
- Activities and/or Entertainment - Self-Care for Caregiver(s)

Name of the individual who you are applying for:

What item or activity are you requesting?

Please include a link for the item or activity here. If you are requesting an item or activity that can be distributed electronically, we will process through email. If you are requesting an item that needs to be delivered, we will have it shipped to you directly at the address you provided. Examples can be found on our website - <https://ascv.org/relieffund/>.

Please share what receiving this support would mean to you.

Thank you for your application to the ASCV COVID-19 Relief Fund! You will receive a notification regarding the outcome of your funding request once a decision has been made. If you have any questions, please contact us [info@ascv.org](mailto:info@ascv.org).

We are proud to be here as a support and resource for you and your family during this time!