

Autism Spectrum Fund (ASF) Application Form

Mental Health Association in Orange County, Inc.
73 James P. Kelly Way, Middletown NY 10940

Phone-(845) 342-2400 ext. 1253 Fax- (845)343-9665
Print additional forms at www.mhaorangeny.com

Date _____



Autism Spectrum Fund _____

Name of individual with disability _____

Address _____

City _____ State _____ Zip Code _____ E-mail _____

Telephone _____ Birth date _____ Gender _____

Social Security Number _____ - _____ - _____ Tabs # _____

MSC/referring service provider _____

Referring Agency (if applicable) _____ Phone _____

Parent/family contact name _____ Relationship _____

Telephone other than home _____ Lives with parent/guardian Y ___ N ___

Developmental disability (circle all that apply and add notes or specify below if needed)

Autism/P.D.D. Cerebral Palsy Epilepsy Mental Retardation Neurological impairment (specify)

Medicaid _____ SSI _____ SSA _____ Private health insurance _____

Day program/school _____

Goods/services requested _____

To whom will the check be made out: _____ Phone _____

Address _____

_____ City _____ State _____ Zip _____

Have you made this request to any other program or service? Yes _____ No _____

Specify programs/services contacted _____

What was the outcome? _____

How will the service or item benefit the person with a disability or the family: _____

Additional information you want us to know about the request: _____

In order for your **initial** Autism Spectrum Fund application to be processed you will need to submit items ***1 through 4***. When applying after the initial request, complete items ***1 and 4***

- 1) Completed application form, printed or typed clearly!
- 2) HIPAA -“Notice of Privacy Practices” signature page filled out, signed and dated.
[Click here for HIPAA forms](#)
- 3) Report from a doctor with specific diagnosis Autism Spectrum Disorder, which can be:
 1. A diagnostic report from a MEDICAL DOCTOR. Be aware that reports from psychologists, nurse practitioners or school psychologists will not be accepted!
 2. Notice of Decision from Hudson Valley DDRO.
 3. For more information please call 342-2400 ext. 1253
- 4) Invoice, receipts, price list or brochure for the services/goods requested.
- 5) To continue to receive funding -letter of acceptance **MUST** be returned.