Locator Grant Application

Autism Society Greater Harrisburg Area

To apply for this grant, you must complete this application and mail it to the address below. All sections and questions are required, unless otherwise noted. There are 5 sections to this application, and some require additional documentation where indicated. The application and the documentation must be submitted together. Missing information or documentation will cause a delay in the review process.

Mail the completed application and required documentation to:

Autism Society Greater Harrisburg Area
Attn: Locator Grant Committee
PO Box 101
Enola, PA 17025

Section 1: Family Information

Who will wear the device?

First and Last Name: _____

Date of Birth: __/__/____

County: _____

Address: _____

_____

_____

Parent/Guardian Information:

Parent/ Guardian #1:

First and Last Name: _____

Date of Birth: __/__/____

County: _____

Address: _____

_____

_____

Phone: _____

Email Address: _____

Member of the Autism Society Greater Harrisburg Area or Autism Society of America? Yes No

If yes, Member number: _____

Parent/ Guardian 2:

First and Last Name: _____

Date of Birth: __/__/____

County: _____

Address (or “same”): _____

_____

_____

Phone: _____

Email Address: _____

Who is completing this form?

First and Last Name: _____

Are you the parent or guardian of the person who will wear the device? Yes No

Date of Birth: __/__/____

County: _____

Address: _____

_____

_____

Phone: _____

Email Address: _____

Section 2: Locator Device and Contract Information

Tell us about the device:

Name of device: _____

Name of Provider: _____

Contract Information:

Have you already entered into a contract with the device provider? Yes No

If yes, provide the following information for the individual whose name is on the contract:

First and Last Name: _____

County: _____

Address: _____

_____

_____

Phone: _____

Email Address: _____

Device cost and fees:

Cost of Device: $_____

Activation Fee: $_____

Monthly Service Fee: $_____

Section 3: Documentation

The Autism Society Greater Harrisburg Area (ASGHA) requests that you provide documentation from a medical doctor verifying an Autism Spectrum Disorder diagnosis and elopement behaviors and risks.

Submit this documentation with this application. **YOUR GRANT REQUEST CANNOT BE COMPLETED WITHOUT IT.**

Feel free to include additional information about elopement behavior from any person, including you and your family, familiar with your child. (Ex. Teachers, BHS, TSS). Include any stories or observations (any information) with this application. Provide this information on a separate sheet of paper, and for anyone providing information, include the following information about them:

First and Last Name: _____

Title/ Relation: _____

Phone: _____

Email Address: _____

Prior Grant(s)?

Have you previously applied for this grant with the Autism Society Greater Harrisburg Area? Yes No

If so, were you: Accepted Denied

Provide any other information that you feel is important (Tell us your story):

Section 4 (optional)

Please answer the following questions to help us better serve our autism community.

How did you hear about this grant through the Autism Society Greater Harrisburg Area?

_____

Have you looked into other funding sources for this device? Yes No

If so, what were those sources, even if the decision is still pending?

_____

Was funding given? Yes No

If so, how much? $_____

Is it one-time funding or ongoing? One-Time Ongoing

If funding was denied, what was the reason given?

_____

Section 5

I certify that:

- **The information provided in this application is true and correct to the best of my knowledge.**
- Applicant agrees to provide additional information upon request, **including financial information**, to the Board of Directors or Grant Committee.
- The applicant understands that **the contract for the device is between the applicant and the device provider**. Even though the Autism Society of Greater Harrisburg Area may provide a grant to help defray costs for the device, **the Autism Society of Greater Harrisburg area is not a party to the contract for the device**.
- The applicant understands that the device funded by the grant may involve hazard to the applicant. Notwithstanding that the Autism Society of Greater Harrisburg Area may help fund the device; **the Autism Society of Greater Harrisburg Area does not prescribe, approve, or supervise the device in any way**. The Applicant expressly and specifically assumes the risk of injury or harm in the use of the device and releases the Autism Society of Greater Harrisburg Area from any liability, illness, death, or property damage resulting from the device.
- **The applicant understands that, if the grant is approved, the applicant must remit documentation of payment to qualify for grant payments.**

Applicant Signature: _____

Date: _____