

Suzanne Tyner Autism Fund

About the Suzanne Tyner Autism Fund

Bob and Suzy Tyner founded Avenues for Autism in 2004 to assist local individuals and families touched by autism and provide better access to programs and services. To build on their work and further our mission of growing the opportunities, future, and lives for all individuals with autism, we are excited to introduce the Suzanne Tyner Autism Fund program. This program will provide financial assistance for local families so they may access critical programs, support, or equipment.

Funding Process

We created the Suzanne Tyner Autism Fund to help families pay for autism services not covered by traditional insurance or grants. Such services include early intervention programs, assessments and testing, social skills programs, college support programs, transition-to-employment programs, touch devices, and recreational activities. Award amounts depend on fund availability, yearly fundraising activities, and the number of qualified applications received.

Our committee reviews all submitted applications and makes decisions based on the financial needs of each applicant. If applied-for amounts exceed our available funding, households with multiple autism diagnoses receive priority. Additionally, the committee reserves the right to use a lottery system to decide between equally qualified applicants, if needed.funding is available. Any application that is denied will receive a letter regarding the decision.

The committee's decisions are final. All denied applicants receive a letter regarding the decision. Applications not chosen for funding may be considered in the next review period when additional dollars become available.

We value your privacy. Committee members sign a confidentiality agreement prohibiting disclosure of any information on an application without the applicant's written authorization.

Funding awards are in no way a recommendation by Avenues for Autism as to the appropriateness or safety of a particular service or device. We urge applicants to consult with their physicians, therapists, or educators regarding the choice and use of a particular service, program, or piece of equipment.

Amount Requested

Applicants may request up to \$500 for autism-related equipment, camps, social clubs, etc., or up to \$1,500 for intensive early intervention programs or ongoing educational and college supports. Once approved, awarded funds become available within four weeks. At this time, multi-year requests cannot be considered, and funding recipients must re-apply each open cycle.

The fund makes disbursement payments directly to the treatment provider, program, school, or vendor.

Applicants must provide the following documentation to be considered:

- Verification of autism diagnosis from M.D. or D.O.
- Copy of previous year tax return (social security number may be blacked out)
- Documentation showing cost of program, service, or equipment for which you are seeking funding
- Documentation showing applicant enrollment of program or service (if applicable) and a contact name
- Your family story or situation and why you are applying for the Suzanne Tyner Autism Fund

Application Deadline:

We accept applications at any time; however the committee only meets to review applications quarterly. Application deadlines are March 15, June 15, September 15, and December 15. Upon review, funds from awarded grants become available within 45 days.

Applications completed in full—with all required documentation included—may be emailed to rpalacios@avenuesforautism.org, or mailed to:

Avenues for Autism
ATTN: Funding Committee
2040 W. Central Avenue
Toledo, OH 43606

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Your Story

On an additional page, please share your family story or situation and why you are applying for the Suzanne Tyner Autism Fund. Please include details specific to the individual with autism (i.e. age of diagnosis, challenges, successes), your family, and about the specific program, service, or support you are requesting and how it will make an impact. Please feel free to include pictures if you would like! (not required)

Applicant Checklist:		
Copy of signed diagnosis by M.D. or D.	O.	
Previous year tax return		
Documentation showing cost of what you		•
 Document showing enrollment in progra name 	ani/service (ii applicable) along (WILLI COLLACT
Your family story		
Authorization:		
I hereby authorize Avenues for Autism to ve this application.	erify any/all information I have s	upplied in
Authorized Signature	Relationship to applicant	Date
Release and Authorization for use of	Image/Story	
Avenue for Autism would like to use Suzan	ne Tyne Autism Fund recipient s	tories to
show the Fund's impact in our community.		to: social
media, website, brochures, and fundraising	gactivities.	
I grant Avenues for Autism permission to us	se:	
Our picture		
Our family story using first names		
Our family store without any names		
Name of Parent/Guardian		
Signature	Date	