



THE
Autism
Puzzle
Foundation

<p>Internal office use only</p> <p>Application #</p> <p>Date Received: _____</p>

Applicant _____ Age of Child _____
 Relationship to Child _____ Email: _____
 Mailing Address _____ City _____ Zip _____
 UPS Delivery (if above is PO Box) _____
 Phone _____

Section 1: PROOF OF DISABILITY

Attach proof: One of the following sources must *state* that the child is on the Autism Spectrum: Licensed Physician (doctor) (IEP) Special Education Individualized Educational Plan Other

Section 2: PROOF OF AGE OF CHILD

Birth Certificate (attach copy)

Section 3: INCOME and FAMILY SIZE: this is only used for statistical purposes and you do not need to send any proof

Family Size _____ (how many people live in your home)

Gross (before taxes) Annual Income (check one)

- | | |
|-----------------------|---------------------|
| UNDER \$10,000 _____ | 60,001-75,000 _____ |
| \$10,001-25,000 _____ | 75,001-90,000 _____ |
| \$25,001-40,000 _____ | over \$90,000 _____ |
| \$40,001-60,000 _____ | |

Section 4: APPLICANT CERTIFICATION

I declare under the penalty of law that I am a Vermont resident and that this application is true and correct to the best of my knowledge.

Applicant's signature _____ DATE _____

For more information go to www.dail.state.vt.us/atp

Please mail application to:
 VT Assistive Technology Program
 103 S. Main St. – Weeks Bldg.
 Waterbury, VT 05671-2305

