

Request for assistance

Individual's Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ e-mail address: _____

Purpose and amount of request:
Amount _____ To be used for: _____

Provider/Vendor:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Contact person (if known) _____

Please submit requests for assistance in an amount of at least \$50.00. You must submit an invoice in order to receive payment. The maximum amount of assistance for any one individual is \$250 per calendar year (Jan.1-Dec.31).

Services eligible for reimbursement include, but are not limited to:

- Speech therapy
- Occupational therapy
- Medication
- Licensed psychologist
- Psychiatrist
- Bus passes
- Transportation (e.g., Helping Hand)
- Gas cards for transportation to Iowa City
- Books for students in college or community college classes
- Registration fees for recreational services (e.g., Davenport Junior Theatre, Challenger Little League, New Kingdom Trail Riders, Acoustics Music Group)
- Respite care

SUBMIT REQUESTS TO:

Gary Rowe
1231 21st St.
Rock Island, IL 61201
309-948-3403
gnrowe47@gmail.com

- ❖ Funds requested should directly benefit an individual on the spectrum.
- ❖ Requests should be made before services are rendered or the product is purchased.