



# Autism Society

## Quad Cities

The connection is you.

### Request for assistance

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Amount: \_\_\_\_\_ To be used for: \_\_\_\_\_

Has individual received assistance before? \_\_\_\_ If yes, when was last request? \_\_\_\_\_

#### 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 \$350 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
- Art classes
- Other \_\_\_\_\_

#### SUBMIT REQUESTS TO:

Mail: ASQC  
PO Box 472  
Bettendorf, IA 52722  
Email: [autismqc@gmail.com](mailto:autismqc@gmail.com)

- ❖ Funds requested should directly benefit an individual on the spectrum.
- ❖ Assistance requests are reviewed on a periodic basis and are not guaranteed to be approved