

## 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 21<sup>st</sup> 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.