



Family Fund 2025 - Grant Application

All applications must be submitted by February 21st. Only complete applications will be considered for funding.

Please note that we will not fund requests for home improvements/renovations, bill payment, utility payment, groceries, personal care items, debt payment or prior funded services.

To be eligible you must reside in the state of Maryland and live in one of the counties supported by The Arc Central Chesapeake Region (Anne Arundel, Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties). Your child must have an intellectual or developmental disability and be aged 21 or under as of 1/1/2025.

Please be aware that the Family Fund Committee will be reviewing all applications for consideration. It is important to provide accurate contact information in case our team needs to contact you for more details. If you require assistance in completing the application below, feel free to reach The Arc's Family Navigator at resources@thearcccr.org or give us a call at 301.356.8001.

Parent/Guardian Information

Parent/Guardian First Name *

Sara

Parent/Guardian Last Name *

Pease

Phone Number *



1-301-356-8001

Email Address *

spease@thearcccr.org

Home Address *

Please include your apartment/unit number if applicable.

999 Corporate Blvd Ste 300

County *

Anne Arundel County

City *

Linthicum

State *

Maryland

Zip *

21090

Request Information

Child First Name *

Nxxxxxx

Child Last Name *

Pxxxxx

Child's Age *

Your child must be 21 or under as of 1/1/2025.

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My child has been diagnosed with an intellectual or developmental disability. *

Yes No

Please describe or name your child's diagnosis or disability: *

Autism

Please select a category that best describes your need for funding: *

Therapy (all others)

What amount are you requesting from the Family Fund? *

If your request is more than \$1,000, The Arc may ask for supporting documentation (i.e., invoice, receipt, doctors note).

\$1475.00

What are you requesting? *

Please give a detailed explanation on the amount requested above.

If you are requesting an item, please detail the exact price of the item or provide the link.

If you are requesting therapy support or any kind of lesson, please list the costs per lesson and total number of sessions needed.

We are requesting financial assistance for Applied Behavioral Analysis (ABA) Therapy. Below is a breakdown of estimated monthly costs:

Adaptive Behavior Treatment by Protocol with RBT – 12 hours a week at \$50 per hour

Adaptive Behavior Treatment by Protocol Modification with BCBA, administered by a qualified health care professional, which may include simultaneous, direction of technician (can include program development with or without client present) – 5 hours per week at \$125 per hour

Family Adaptive Behavior Treatment Guidance to eligible parent/caregiver or delegated to BCaBA (can be without patient present) – 2 hours per month at \$125 per hour

Adaptive Behavior Treatment by Protocol with RBT: 12 hours per week at \$50 per hour = \$600

Adaptive Behavior Treatment by Protocol Modification with BCBA = \$625

Family Adaptive Behavior Treatment Guidance with BCBA = \$250

Total per month = \$1475

Please Specify the impact this will have on your child/family. *

Add as much detail as possible. The committee will need this information to consider your request.

Incomplete responses will not be accepted.

My child currently receives Applied Behavior Analysis (ABA) services through the Children's SPOT in Columbia, MD. This treatment is medically necessary in order to ameliorate symptoms related to my child's diagnosis of Autism Spectrum Disorder (ASD).

The main areas of treatment for my child include treatment to reduce challenging behaviors, including noncompliance, tantrum, and elopement. These behaviors are potentially dangerous and require intervention in order for my child and others to remain safe and engaged in activities. My child also displays deficits in communication skills and social skills which require intervention.

At this time, my child requires intensive intervention in order to address these deficits. He has been receiving services since October of 2023, and has already made remarkable progress during that time. ABA Therapy is giving my child the tools he needs for every day living as a child and future adult and is a tremendous compliment to his IEP and accommodations at school. My child's ABA therapist is a member of his IEP Team and often collaborates with his teachers to brainstorm and assist with helping my child navigate the school and classroom setting. ABA Therapy also supports my child at home teaching him appropriate behavior with adults and his sibling.

It is critical for my child to continue services to enable his success at elementary school, at home, church, social settings, and in his community. To date, our family has been ineligible for any other financial assistance including the Autism Waiver.

While we are fortunate to have medical insurance, we have a high deductible plan (\$4,000) that resets March 1, 2024. Funding from the Arc will enable my child to continue participating in ABA Therapy, while alleviating some of the financial burden to our household and our family. And most importantly, this financial assistance support my child participating in ABA Therapy – enabling his success and ability to thrive a predominantly neurotypical world.

If you do not receive this funding, what negative impact(s) will this have for your child/family?* *

If we do not receive financial assistance, we might be forced into a position where we need to reduce ABA Therapy service hours to offset costs.

This could prolong my child's success and delay progress in addressing disruptive and, in some instances, unsafe behaviors (e.g., requires intervention to increase communication skills, decrease the occurrence of his maladaptive behaviors, including noncompliance, tantrum, disrobing and aggression, and also to increase his skills related to rigid and repetitive activities).

Additional Information

Have you ever been supported by the Family Fund or any other program of The Arc? *

Yes No Unsure

Please list any support you have received from The Arc:

Family Navigation support, Project Learn, Holiday Giving

Have you previously received funding from the Family Fund? *

Yes No Unsure

Would you like to be contacted with additional resources? *

Yes No

Would you like to be added to our email list? *

Yes No

Acknowledgement & Submission

Please select one below: *

Let us know if you (the applicant) are the parent/guardian of the child in this request.

I am the parent/guardian named above. ▼

I am aware that vendors/providers will not be paid directly. *

Yes No

I am aware that I will need to provide information for a W-9 if I am selected for funding. *

Yes No

By submitting this application, I certify that all information herein is accurate to the best of my knowledge. *

Yes No

Today's Date: *

February 1, 2025

Send me a copy of my responses

Submit