



Why is there a need?

Autism is a lifelong condition. A person with Autism may experience low self esteem, low self worth and become socially isolated. Families of children with Autism Spectrum Conditions are frequently stretched to and beyond their financial and emotional limits.

What is a Wish?

At Autism Wishes, we grant wishes for children and adults who are diagnosed with an Autistic Spectrum Condition. It gives the child/adult something to look forward to and creates some special memories for all the family.

As a charity we take care of all the details, it's that simple. So if you know of a child/adult who could benefit from a Wish please do not hesitate to contact us.

Is the person Eligible?

Do you know a child or adult who would benefit from a Wish?

Anyone can refer a child or adult to Autism Wishes for a Wish. A few simple criteria have to be met. The child/adult must:

- * Be aged between 4–99 years inclusive
- * Have a diagnosis of Autism Spectrum Condition
- * Reside in North Wales or Cheshire
- * Choose their own wish, not what someone else thinks they might like to receive
- * Not have had nor be going to have, a Wish granted by any other Wish granting charity or organisation.
- Applications will need to be accompanied by proof of diagnosis for whom a Wish is requested confirming that the person has Autism.
- Due to funding restrictions, we can only look at one wish per household.

All Wish referrals and requests are subject to the Trustees acceptance and approval. Autism Wishes is an independent charity. We have a fixed limited budget which means that all our wishes are discretionary and subject to available annual funding. We try to help as many families as possible but we may not always be able to help.



Wishes Q&A

Q. What are the criteria for a Wish?

A. The person must be aged between 4 and 99 and have a diagnosis of Autism Spectrum Condition.

Reside in North Wales or Cheshire

The Wish must be the person's own choice

The recipient of the Wish must not have had nor be going to have, a Wish granted by any other Wish granting charity or organisation

Q. Who takes part in the Wish?

A. The Wish recipient and either a parent/care or guardian. We cannot pay for other members of the family.

Q. Who decides if a child/adult will be granted a Wish?

A. Each Wish is individually sanctioned by the trustees but will be dealt with on a first come, first served basis, within the quota agreed for that particular year.

Q. What types of Wishes will we grant?

A. Experience Days / Theme Park Days / Outdoor Play Equipment / Much Wanted Toy.

The trustees will not award grants of money.

Q. Can I apply more than once for a Wish?

A. Applications may be reconsidered after 12 months, however, candidates who have not yet received a wish will have preference

Q. Who runs the charity?

A. The four trustees are responsible for running the charity.



APPLICATION FORM

Recipients Name:

Date of Birth:

Parents/Guardians full names and address:

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Tel:

Mobile:.....

Email Address (to confirm receipt of application).....

Details of Condition/s :

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Date of Diagnosis (please provide proof of diagnosis) :

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What is the persons wish (please give as much information as you can) :

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Why has this wish been chosen? Are there any special reasons behind it? :

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What difference will this wish make to the child/adult? :

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Please tell us about the person, their personality and what hobbies, interest and activities:

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Publicity

To help raise the profile of Autism Wishes, many of the people we help allow us to use their story and photographs in publicity materials and appeals. Would you please confirm if you are willing to help with media publicity for Autism Wishes which may include a picture on our facebook page and website.

Yes, we are willing to help with publicity

No, we are not willing to help with publicity (please state why if you are unwilling)

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Agreement

I/We have read and understand the information provided in the form, especially with regard to us of our information and publicity, and confirm that the details I/we have provided are true and accurate.

I/We confirm that we have not applied to Autism Wishes within the past 12 months for a wish.

Signature of Parent/Guardian :

Date :

Submitting your application

Once you have signed and completed this application pack in full, attach your proof of diagnosis and letter of support and return to Autism Wishes. Please do not enclose original documentation as we are unable to return. Once we have received all of these documents your application will be put before the Trustees at their next monthly meeting.

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Send completed forms to :

Autism Wishes, Saith seren, 18, Ffordd Caer, Wrecsam LL 13 8 BG

If you would like to speak to a member of the team about your application please

email contact@autismwishes.co.uk

WEEKLY/MONTHLY INCOME

WAGES	£
WORKING TAX CREDIT	
CHILD TAX CREDIT	
CHILD BENEFIT	
DISABILITY LIVING ALLOWANCE	
PERSONAL INDEPENDENCE PAYMENT	
INCOME SUPPORT	
EMPLOYMENT AND SUPPORT ALLOWANCE	
JOBSEEKERS ALLOWANCE	
UNIVERSAL CREDIT	
CARERS ALLOWANCE	
TOTAL INCOME	£

WEEKLY/MONTHLY EXPENDITURE

RENT/MORTGAGE	£
WATER/SEWERAGE	
COUNCIL TAX	
INSURANCE	
REPAIRS	
GAS & ELECTRICITY	
COAL	
SUPERMARKET/FOOD	
PET FOOD	
LANDLINE/ MOBILE PHONES/BROADBAND	
T V LICENCE	
SKY	
PAPERS/MAGAZINES	
CIGARETTES/SWEETS	
POCKET MONEY	
CLOTHING/FOOTWEAR	
CHRISTMAS/BIRTHDAY GIFTS	

CAR REPAYMENTS	£
ROAD TAX	
MOT	
REPAIRS	
PETROL	
INSURANCE	
BUS FARES/TAXI	
LIFE INSURANCE	
HEALTH INSURANCE	
SCHOOL MEALS	
SCHOOL SNACKS	
SCHOOL TRIPS	
CHILD CARE	
CREDITORS REPAYMENTS	
MAIL ORDER	
OTHER EXPENSES	
TOTAL EXPENSES	£