

Dear Therapeutic Service Provider,

Please allow us to take a moment to introduce you to the Bridges for Autism Foundation. One of the chief missions of the Foundation is to provide financial resources to children suffering from Autistic Spectrum Disorders (ASD) and their families to assist them in obtaining available therapy and services to meet both short and long-term needs.

Over the past two years, Bridges for Autism Foundation has raised thousands of dollars which have gone to provide children with ASD and their families the financial support needed to obtain critical therapy services. From speech sessions with an augmentative communication specialist to Hippo Therapy lessons, we have zealously helped children with ASD receive the resources they need to continue to learn, grow, and reach their highest aptitude. We are currently initiating a very exciting award process, in which families can apply on our website for financial support for therapy and other educational tools. We ask that you help us by “spreading the word” of this new program to those of your clients who might benefit from it.

By the same token, as we move forward with our award process, it is our vision to develop a Northern Cook and Lake County directory of talented and respected therapists and the programs they offer. By doing so, we can further serve the families of children with ASD by providing information to all applicants as to the various providers and programs available to meet their expressed needs.

We would be very grateful if you would help us out in this process. Please fill out the enclosed information form and send it back to the Bridges for Autism Foundation. We truly appreciate the important services you provide to children. Thank you in advance for your response!

Gratefully,

David R. Brown, Founder  
Senior Vice President  
Bridges For Autism Foundation

Kelly Jakymiw  
Director of Family Support Services  
Bridges For Autism Foundation



## Service Providers Information Sheet

Office Information					
Clinic/Office Name			Website address		
Office Address					
Phone Number		Fax Number		Ages Served	
Contact Person			Contact Email Address		

Services Information	
Services Provided (i.e. OT, SLP, PT, Music Therapy, Hippo Therapy, ABA, DIR, Verbal Behavior, RDI, etc.)	

Specifics
Do you offer intensive therapy services? <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>  Please describe:
Do you provide in home services? <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
Please tell us any more details about your clinic that would be helpful for us to know: