

Grant Application

Name: _____ Date: _____

Address: _____ State: _____ Zip: _____

Name of Child: _____ Age of Child: _____

Child's Diagnosis: _____

Documentation supplied from the child's doctor pertaining to diagnosis. Please attach documentation to this form when submitted.

What item is being requested? _____

Have you tried to get funding through the child's insurance company? Yes No

Is the child enrolled in Medicare or Medicaid? Yes No

Is the child enrolled in MHDS? Yes No

If yes to any of the above please apply denial letter to this document.

To what other organizations is the child aligned?

Have you attempted to get the requested device from the organizations listed? Yes No
(If yes please provide denial letter)

Does the doctor believe this item could help the child? If yes, please provide a note from the doctor. If you believe this item could help please write on the opposite side of this form why you think this will help.

The above information is correct to the best of my knowledge. Shall the donation be approved, I will use the donated item for the purposes listed.

Signature

Date

OFFICE USE ONLY

	Signature of approved	Date
<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied		



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