

Christopher's Community Financial Assistance Program

Mission Statement:

Christopher's Community was established to assist families in Tampa Bay who have children with muscular dystrophy. We provide financial support, helping to alleviate some of the burden families feel when their needs go beyond what insurance or other organizations provide. Christopher's Community's proceeds fund home and vehicle modifications, enhancing accessibility and independence so that families may focus on loving and caring for their children.

Assistance Application:

Please print or type all information.

All information contained herein is strictly confidential, accessible only to the Christopher's Community Board of Directors. Eligibility standards are set by this Board of Directors. The Christopher's Community Distribution Committee periodically reviews application summaries to decide each case, based on its own merit.

Should you have any questions regarding this application or the assistance program, please contact us at Christopher's Community, 334 East Lake Rd, #234, Palm Harbor, FL 34685 or by e-mail through our website. www.christopherscommunity.com.

Information about the Applicant:

Application Date: _____

Applicant's Name: _____

Diagnosis: _____

Medical Professional (Doctor, etc.): _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Lives With: _____ Relationship: _____

Contact Name: _____ Relationship: _____

Daytime Telephone: _____ Evening Telephone: _____

Employer: _____ Position: _____

Other Employer: _____ Position: _____

Applicant Financial Information

Please provide **monthly** income and expense information for the applicant's household.

INCOME

Salary \$ _____

Retirement Income _____

Social Security Income _____

Social Security Disability _____

SSI (Supplementary Sec.) _____

State Disability _____

Workers' Compensation _____

Veteran's Benefits _____

Spouse/Partner's Income _____

Unemployment _____

Residuals and Royalties _____

General Relief _____

Food Stamps _____

Alimony _____

Union Pension(s) _____

Child Support _____

Other Income: (Please list source) \$ _____

Relief Fund Grant(s):

(Please list source) _____

EXPENSES

Mortgage \$ _____

Rent _____

Home Insurance _____

Maintenance/Homeowners fees _____

Food _____

Utilities:

Gas _____

Water _____

Electric _____

Telephone/Fax _____

Cellular Telephone _____

Pager _____

Cable _____

Transportation:

Car Payment/Registration _____

Car Insurance _____

Gasoline/Repairs _____

Public transit _____

Medical:

Health Insurance _____

Medical Bills _____

(e.g., doctor's visits, hospital

stays/procedures, etc.) _____

Prescriptions _____

Dental Bills _____

Vision Services _____

Bank Account Balances:

Checking \$ _____

Savings _____

Other _____

Assets:

(e.g., CD, IRA, stock, life ins., etc.) _____

TOTAL INCOME _____

Miscellaneous Expenses:

Clothing (incl. dependents) \$ _____

Life Insurance _____

Union Dues _____

Credit Cards:

(name and full balance) _____

Loans:

(name and full balance) _____

TOTAL EXPENSES _____

Christopher's Community is concerned about the security of your information. To prevent unauthorized access or disclosure, and to ensure the appropriate use of your private information, we have put in place reasonable physical, electronic, and managerial procedures to safeguard and secure the information we collect.

In an effort to inform our donors about the medical issues faced by our applicant, Christopher's Community uses testimonials from those who have received help. The testimonials generate the support that enables Christopher's Community to provide assistance. Please be assured when your case history is used, only the pertinent facts about your situation will be included.

CERTIFICATION AND AUTHORIZATION (SIGNATURE REQUIRED)

I consent to the use of my case history to promote the success of a fundraiser and to help others know that financial aid is available through the assistance of Christopher's Community.

I hereby certify that I have answered the questions in this application to the best of my ability without any limitations whatsoever; the facts stated herein are true and I understand that any misrepresentation or false information will disqualify me (the applicant) for any assistance from the foundation. I further agree to notify Christopher's Community of any change in my financial situation from the time of my application to the time a grant is made to me.

I guarantee that all monies received from the Foundation will be used for expenses incurred as a result of my (the applicant's) medical needs.

► **Signature of Applicant** _____ Date _____

If applicant is unable to sign, signature of individual authorized to sign on applicant's behalf:

► **Signature of Authorized Individual** _____ Date _____

Name (please print) _____

Type of signature authority (spouse, parent, durable power of attorney, guardian, etc.)

Documentation Checklist

- Completed and signed application form.
- Proof of Income (copy of pay stub, last 2 years tax returns)
- Proof of denial or partial payment by other sources (Medicaid, insurance etc.)
- Prescription or Letter of Medical Necessity from physician or OT
- Justification in writing why assistance is requested
- Picture of person requesting assistance

Please mail this completed application and related materials to: Christopher's Community
334 East Lake Rd, #234
Palm Harbor, FL 34685

PHOTO RELEASE AUTHORIZATION

Name: _____
(Please Print)

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____

E-Mail Address: _____

Employer:

I agree to allow the Christopher's Community Foundation to publish photos and/or release human interest stories to the media and/or publish on the Christopher's Community website and other printed materials in conjunction with all programs provided by Christopher's Community.

I understand that this consent will become effective immediately.

Signed: _____

Date: _____