

APPLICATION FOR GRANT
THE ROBERTS-MILLER CHILDREN'S FUND
For the Aid, Comfort, and Assistance of N. C. Children under 18 with Medical Needs

Name: _____ Date of Birth _____ Age _____ Sex _____

Parent's Name _____ Phone: _____

Parent Email _____

Address _____ City _____ Zip _____

Other children in the home and their ages: _____

Medical Problem (briefly
describe) _____

Purpose of Request: _____

Dollar Amount of Request _____ What part can family or others pay? _____

Equipment Vendor or Service Provider (please include phone number) _____

Person Making Request _____

Address _____ Phone _____

Signature of Person Making Request

Date

IN ADDITION TO THIS APPLICATION, PLEASE ALSO PROVIDE:

- 1. CASE SUMMARY BY ATTENDING PHYSICIAN OR OTHER QUALIFIED HEALTH PROFESSIONAL**
- 2. PROPOSED PLAN OF TREATMENT or DESCRIPTION OF EQUIPMENT FROM VENDOR**
- 3. TOTAL COST**

ALSO, COMPLETE FINANCIAL FORM ON NEXT PAGE

FINANCIAL INFORMATION

(Child for whom request is being made)

Average monthly income (gross) Father \$ _____ Occupation _____

Mother \$ _____ Occupation _____

AFDC, Disability -----

This child \$ _____

Other Family \$ _____

Is this child eligible for Medicaid? YES / NO

Private medical Insurance covers --- This Child _____
(check where applies) Others in Family _____

Other Charitable Assistance Received and/or Applied For - List all and amount requested or received

Mortgage/ rent payment \$ _____

Car/Van Loan (if any) \$ _____

Utility Bills \$ _____

Insurance Premiums \$ _____

Other major Expense \$ _____

PLEASE SUPPLY INCOME AND EXPENSE VERIFICATION (copies of the statements and bills will be sufficient):

1. Statement from employer, payroll voucher, or W-2 as available, voucher from public assistance agencies

2. Verification of major expenses such as home, vehicle payments, utilities, insurance, etc.

This information will be kept confidential and will not be shared with any other agency without your written permission.

Help us make sure we continue to reach children in need...tell us how you heard about the Roberts-Miller Children's Fund: _____

MAIL APPLICATION TO:
Nina Greene, ngreene@cfgaston.org
The Community Foundation of Gaston County
P. O. Box 123
Gastonia, NC 28053