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## APPLICATION CHECKLIST

Completed Application

Photograph

Letter to Board of Directors

Copy of Recent Federal Tax Returns (or SSI/Disability Proof of Income)

Completed Monthly Budget Form

Signed Physician Verification Form

Signed Grant Agreement

Signed HIPAA Form

Grant Specific Information:

*Travel/Lodging Grant*

Estimates of travel and lodging expenses

Vendor payment information

*Care Grant*

Documentation for expenses

Vendor payment information

*Home Assistance Grant*

Documentation for expenses

Mortgage/Utility bills if requested

Vendor payment information

*Trip/Event Grant*

Detailed itinerary/budget

Vendor payment information



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