

Request # _____

Date Received _____

**Deepwood Foundation
Community Assistance Program
Individuals Application**

Applications must be complete to be considered. **Incomplete applications will be returned without consideration. A complete application includes:**

1. All questions on this form completed fully.
2. Copy of the applicant/ family's Financial Verification Form (information will be destroyed upon the conclusion of the grant)
3. A copy of the statement detailing the cost, such as a vendor cost quote, a catalog page, a camp fee schedule, or a service fee schedule. For purchase requests, please supply 2-3 written vendor quotes.

**Returned applications can be resubmitted once complete.
Complete applications will be considered in February, May, August and November**

1) Applicant Information:

Name of person with MR/DD: _____ Age _____

Address: _____ City: _____ Zip: _____ Phone: _____

Diagnosis : _____ (please attach documentation of diagnosis)

Contact Name: _____ Relationship _____

Contact Phone#: _____ Contact email: _____

The school or activity program the person is in: _____

Name of Parents (if above person is a minor): _____

Address: _____ City: _____ Zip: _____ Phone: _____

Number of people in the family? _____

2) Type of Assistance Requested:

Adaptive Equipment _____

Camp/Recreation Scholarship _____

Extracurricular Activities _____

Respite Services (on site or community) _____

Medication _____

Other _____ (please explain)

Please Note: The Deepwood Foundation can not reimburse for past expenses

3) Grant Request Information:

Purpose of grant (Describe in detail. Attach additional pages if necessary):

Amount of Grant Request: \$_____ (Please attach copies of vender written quotes - Including shipping and handling cost)

Is this the total cost? If not what other sources are being used to fund this need? _____

If it is an equipment item is it possible to lease the item? _____

If applicant is school age, is he/she eligible for extended school year? _____ **YES** _____ **NO** _____ **NA**
(If no, please attach denial letter from the school.)

What other funds have been sought and what are the results?

Is the applicant eligible for or have you requested assistance from the following sources?

		Date requested	Approval
Medicaid	Y/N	_____	Y/N/Pending
Family Resource Services	Y/N	_____	Y/N/Pending
BVR	Y/N	_____	Y/N/Pending
BCMh	Y/N	_____	Y/N/Pending
Program Budget	Y/N	_____	Y/N/Pending
Extended School Year	Y/N	_____	Y/N/Pending
DOCS Deepwood Run	Y/N	_____	Y/N/Pending
Lake County Association for MR/DD	Y/N	_____	Y/N/Pending
Family funds used for this need:		_____	

3) Other unusual expenses family has incurred and the reason:

Revised 2010

4) Has this applicant received a grant from the Deepwood Foundation in the past?

Yes **No** If yes: Reason for grant _____

Date _____ Amount _____

5) Do we have your permission to share grant application information with other organizations, and/or individuals who may be willing to consider contributing to the funding that you have requested? **Yes** **No**

6) If your grant is approved, may we share information about the type of need funded to be used in our Community Awareness Programs? **Yes** **No**

We will not share your name or other personally identifying information.

I attest that this application represents a true and accurate representation of need and finances.

Applicant or Guardian Signature and Date

Staff/family assisting in filling out application

Name _____ Association _____

Phone _____ email: _____

Supervisor/Manager (only required if staff is submitting request for the individual)

Approval _____

Supervisor/Manager Name and date

PLEASE BE SURE TO COMPLETE AND SUBMIT THE FINANCIAL VERIFICATION FORM

If you have any questions, please call (440) 350-5208 or email rikke.coach@lakemrdd.org

Mail the completed application to: **Community Assistance Program**
Deepwood Foundation
8121 Deepwood Blvd.
Mentor, Ohio 44060

For a better understanding we may ask for a brief presentation on the merits of your request

The Deepwood Foundation does not endorse individual programs, therapies, treatments, schools or facilities, or the theories or practices of any one individual or entity. Families may receive funds to be used for assistance based on the needs of the child or adult family member. Inquiries and tax-deductible donations may be sent to the Deepwood Foundation, 8121 Deepwood Blvd., Mentor, Ohio 44060 To learn more about the Deepwood Foundation visit us at deepwood.foundation.org.

For office use only		
Application complete	Prior grant	
<input type="checkbox"/> Form	Grant # _____	
<input type="checkbox"/> IRS Form	Amount _____	
<input type="checkbox"/> Cost quote	Purpose _____	Fund _____
Incomplete – returned on _____		

Deepwood Foundation Community Assistance Program
REQUEST FOR FINANCIAL ASSISTANCE
2010

Name _____

Date _____

Financial assistance from the Deepwood Foundation is available based on total family income and needs and is available for Camp, Respite, Adaptive Equipment, Emergency Needs and other expenses incurred on behalf of a person with developmental disabilities.

The **Community Assistance Program** is operated by The Deepwood Foundation; it is the policy of DWF that acceptance into, and participation in a program of the Agency shall be made regardless of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, or disability.

Assistance CANNOT be awarded unless verification of total family income is enclosed with this request. Please provide a copy of the following:

- o 2009 Federal Income Tax Return with copies of W-2's attached
- o Copies of Social Security or SSI for parents and individual, Child Support, Alimony, Pension, ADC, Self-employment or Unemployment

(Worksheet –please attached copies of verification of income sources)

INCOME	MOTHER	FATHER	INDIVIDUAL
Salary/wages			
Child Support			
Alimony			
Pension/Social Security			
ADC/SSI/SSDI			
Self-employment			
Unemployment			
Docs Deepwood Run			
Other			

TOTAL FAMILY SIZE: _____

Recipients Age: _____

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Date

Signature if over 18 years of age

Date

Parent/Guardian Signature if under 18 years of age

The Deepwood Foundation will notify families of their award.