

Grant # _____

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 must include:

1. All questions on this form completely answered.
2. Documentation of diagnosis from doctor or IEP.
3. Copy of the applicant/ family's Financial Verification Form including: 2010 Federal Income Tax Return with copies of W-2's attached; and Copies of Social Security or SSI for parents and individual, Child Support, Alimony, Pension, ADC, Self-employment or Unemployment (**information will be destroyed upon the conclusion of the grant**)
4. A copy of the cost of requested items/services such as 2-3 written vendor cost quote including shipping and handling costs, a catalog page, a camp fee schedule, or a service fee schedule.

Returned applications can be resubmitted once complete. Completed applications will be considered in February, May, August and November and must be returned by the 1st of that month.

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 vendor written quotes including shipping and handling costs

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 2011

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 needs 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 Signature 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@lakebdd.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 www.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
FINANCIAL VERIFICATION FORM
2011

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 2010 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 of applicant if over 18 years of age

Date

Parent/Guardian Signature if applicant is less than 18 years of age

The Deepwood Foundation will notify families of their award