Revised 1/2019

Grant # _____ Date Received_____

Community Assistance Program Application for Individuals

Funding for this application applies to both: The Deepwood Run and Deepwood Foundation

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 a doctor or IEP. A therapist recommendation is required for therapies.
3. Copy of the applicant/ family's Financial Verification Form including: 2018 Federal Income Tax Return with copies of W-2's attached; **and** verification 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 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 October and must be returned by the 1st of that month.

1) Applicant Information:

Name of person with 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 or Guardian (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 cannot reimburse for past expenses

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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? _____

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 Support 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
Lake County Association for DD	Y / N	_____	Y / N / Pending

Family funds used for this need: _____

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

_____

_____

_____

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 without your permission.

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 deepwood.foundation@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.deepwoodfoundation.org.

For office use only		
Application complete:	Prior grant:	
___ Form	Grant # _____	Reviewer_____
___ IRS Form	Amount _____	
___ Cost quote	Purpose _____	Fund_____
Incomplete – returned on _____		

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Community Assistance Program
FINANCIAL VERIFICATION FORM - 2018

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 living in **Lake County, Ohio**. If the individual is age 23 or older, only the individual income is required.

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:**

- **2018 Federal Income Tax Return (copy of first page only) and copies of W-2's attached**
- **Copies of Social Security or SSI for parents and individual, Child Support, Alimony, Pension, ADC, Self-employment or Unemployment**

If This Form Is Incomplete The Application Will Be Returned.

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			
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 individuals and / or families of their award