

Addie's "Grace" Fund Grant Guidelines

The purpose of Addie's "Grace" Fund is to provide help to children with life threatening illnesses and support to their families. Eligible expenses may include medical expenses not covered by insurance, travel or lodging needs when seeking treatment, rent, and utilities. Other expenses may be reviewed and covered. *Grant requests will be considered for no more than \$2,000 per year, per child age 18 and under.*

Application Requirements:

1. The applicant must be a resident of one of the following counties in Kansas: Chase, Coffey, Greenwood, Lyon, Morris, Osage, and Wabaunsee counties.
2. All the following information must be submitted with the application to be considered for a grant:
 - (a.) A brief medical history, including the condition of the patient regarding the diagnosis. (Examples: *When was the applicant diagnosed? What symptoms is he/she dealing with?*)
 - (b.) A brief statement of financial need, including information about any medical insurance and expenses covered by the insurance policy.
 - (c.) A letter from the patient's medical doctor attesting to the diagnosis necessitating treatment. The letter should include information about anticipated inpatient stays or if treatment will be managed through outpatient care.
 - (d.) A listing of expenses, real or projected, for which the grant is requested. (Examples: *Are you on a fixed income with increased expenses due to the diagnosis? Has diagnosis caused you to miss extended periods of work or to lose a job?*) Please include a list of expenses, real or projected, that have incurred due to the diagnosis and tell us specifically what is being requested via this grant application (Example: *Gas money? Medical bills? Regular bills due to loss of income? Groceries/Household items? Other items? Etc.*).
 - (e.) A timetable for the expenditure of the grant. (*When is the assistance needed? When do you predict the assistance will be used?*)
3. Applications with attachments should be delivered or mailed to:
Emporia Community Foundation
527 Commercial St., Suite B
Emporia, KS 66801
4. Questions? Contact the Foundation, 620-342-9304 or loni.heinen@emporiacf.org.



Addie's "Grace" Fund

Assisting children with life threatening illnesses and their families

APPLICATION

Patient Information:

Name: _____ Date of birth: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Applicant Contact Person:

Name: _____ Relationship to Patient: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

The patient has been diagnosed and I am requesting assistance with costs associated with his/her treatment. I hereby give permission to the staff of the Emporia Community Foundation to contact the parties listed in this application or attachments thereto for purposes of verification.

Date

Signature of Applicant or Authorized Person

Please attach the following information to this cover sheet: (All items must be completed to be considered for a grant.)

- A. A brief medical history, including the condition of the patient regarding the diagnosis. (Examples: *When was the applicant diagnosed? What symptoms is he/she dealing with?*)
- B. A brief statement of financial need, including information about any medical insurance and expenses covered by the insurance policy.
- C. A letter from the patient's medical doctor attesting to the diagnosis necessitating treatment. The letter should include information about anticipated inpatient stays or if treatment will be managed through outpatient care.
- D. A brief statement telling us why assistance is needed. (Examples: *Are you on a fixed income with increased expenses due to the diagnosis? Has diagnosis caused you to miss extended periods of work or to lose a job?*) Please include a list of expenses, real or projected, that have been incurred due to the diagnosis and tell us specifically what is being requested via this grant application (Example: *Gas money? Medical bills? Regular bills due to loss of income? Groceries/Household items? Other items? Etc.*).
- E. A timetable for the expenditure of the grant. (*When is the assistance needed? When do you predict the assistance will be used?*)

Submit all application documents to:

Emporia Community Foundation
527 Commercial St., Suite B
Emporia, KS 66801

Questions? Contact the Foundation, 620-342-9304 or loni.heinen@emporiacf.org.