



## APPLICATION FOR FUNDING

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street address if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth (M/D/Y): \_\_\_\_\_

Please explain how your diagnosis affects your need for the equipment being requested:

### **Contact person (if other than applicant):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: parent, spouse, child, sibling, interpreter:

\

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Have you applied to the Love for Lewiston Foundation before? \_\_\_\_\_

If yes, result:

Transportation: \_\_\_\_\_

Drive own vehicle: \_\_\_\_ Relative/Friend: \_\_\_\_ Specialized transportation: \_\_\_\_ Public transportation \_\_\_\_

Accommodation:

I live alone \_\_\_\_ with others \_\_\_\_

I rent \_\_\_\_ I own \_\_\_\_

Type of dwelling (ie: apartment, assisted living, bungalow): \_\_\_\_\_

Provider of Personal Care/Support:

Family \_\_\_\_ Home Care \_\_\_\_ Assisted Living \_\_\_\_ Private \_\_\_\_ None \_\_\_\_

Other \_\_\_\_\_

What equipment are you requesting? (We can only consider one funding request at a time)

Type of equipment: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

What equipment are you presently using?

Please describe how you expect the requested equipment to impact your life (community involvement, volunteering etc). What benefits do you expect to obtain from it? Please attach a letter if more space is required.

In order to raise funds for your request, do you agree to use of your first name and any information you provided on this application form (except financial) in funding letters or publicity if your application is approved?

Yes \_\_\_\_ No \_\_\_\_

Can we contact you or your family members to volunteer for fundraising events in your community?

Yes \_\_\_\_ No \_\_\_\_

Would you provide us with a letter explaining how the equipment we provided has impacted your life and a picture of you with the equipment, if your application is successful?

Yes \_\_\_\_ No \_\_\_\_

**Release of Information:**

I voluntarily give consent to the board members of the Love for Lewiston Foundation to discuss my situation and or use my first name for funding as it relates to my application, with any professionals involved including any possible funding sources. I understand that I may cancel this consent, in writing, at any time. I release the Love for Lewiston Foundation, its board members, and agents from all claims which may arise as a result of the release of information described above:

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_