

PO Box 30068 Charleston, SC 29417 Phone: (843) 769-7555 Fax: (843) 872-0609 www.carolinachildren.org

GRANT APPLICATION

The monies of the CAROLINA CHILDREN'S CHARITY (CCC, the Charity) are intended to support patient care, medical services and related activities. All Carolina Children's Charity grant funding is paid directly to the provider. All areas of this application must be completed in order for it to be reviewed.

. NAME	OF CHILD					MIDDLE
□ Male	LAST			FIRST		
□ Fema	le AGE_	Γ	DATE OF BIRTH	I	NICKNAN	ЛЕ
. PARE	NT/GUARD	0IAN 1:				
		LAS	ST	FIR	ST	MIDDLE
STE	REET		CIT	Y	ZIP	COUNTY
TELER	PHONE:	LIONE	West			
		HOME	WORK	MOBILE	FAX	E-MAIL
EMPL	OYER				<u> </u>	TITLE
WOR	K ADDRESS	S				
		STREET		CIT	Υ	ZIP
PARE	NT/GUARD	OIAN 2:	ST	FIR	ST	MIDDLE
STF	REET		CIT	Y	ZIP	COUNTY
TELER	PHONE:		WORK			
		HOME	WORK	MOBILE	FAX	E-MAIL
EMPL	OYER				·	TITLE
WOR	K ADDRESS	S				
		STREET		CIT	Υ	ZIP
NAME	S & AGES	OF OTHER (CHILDREN IN YO	OUR HOME:		
DIAC	NOSIS OF F	NICEACE AND	DIONDII IT	Y AND AGE AT	DIVCNUSIS:	
DIAGI	NOSIS OF L	JISEASE AIN	DIOK DISABILIT	I AND AGE AT	טואטווטאוט:	
. OUTL	INE OF FUI	NDING REQU	JESTED: Please	e be specific & inc	clude all costs.	\$
A.		service:				
В.						
C.						
D.						
E.	•				fore? Check ve	s no If your answe
	,		rapy request, an			: :: , :: , :: :: :: :: :: :: :: :: :: ::

7.	7. Does your child attend school? Check yes no Name of school				
8.	8. If yes, does your child have access to this item or service requested while in s	school? Check yes			
9.	Will this item be used at home or at school? Please explain:				
10.	10. Please explain why additional services are needed and/or why the item is needed.	eded in the home:			
11.	11. Please attach any information available (i.e., brochure, picture) to support this child's therapist(s) to support your request is also recommended.	s request. A letter(s) from your			
12.	12. DOCTORS INVOLVED IN CHILD'S TREATMENT				
	A. PRIMARY CARE-DOCTOR'S NAME				
	NAME OF PRACTICE				
	ADDRESS:P	HONE			
	B. SPECIALIST-DOCTOR'S NAME				
	NAME OF PRACTICE				
	ADDRESS:P	PHONE			
13.	13. MEDICAL INSURANCE:				
	A. CARRIER:MEME	BER ID#			
	CONTACT PERSONPHO				
	B. MEDICAID ID#				
	C. Is any portion of the item or service being requested covered by your in	nsurance? Check ves no			
	D. I have checked with my insurance provider regarding my benefits? Ch	·			
	E. Have you applied for Medicaid? Check yes no	30K y00 <u></u> 0 <u></u>			
	What is the status of this application? Check box that applies Appro	ovedDeniedPending			
14.	14. NAMES OF OTHER AGENCIES OR SERVICES CONTACTED FOR FUND	ING:			
	DATE CONTAC	TED AMOUNT RECEIVED			
	A. DISABILITIES Board of Charleston, Dorchester, Colleton or Berkeley Citizens				
	B. CHILDREN'S RÉHABILITATION SERVICES				
	(CRS) C. SUPPLEMENTAL SECURITY INCOME (SSI)				
	D. SCHOOL FOR THE DEAF and BLIND E. PRIVATE PROVIDER of EARLY				
	INTERVENTION OR SERVICE COORDINATION				
	F. CHILD FIND/LOCAL SCHOOL DISTRICT				

15.	DOES YOUR CHILD HA	VE A CASEWORKER, SERVICE	COORDINATOR OR EI?	? Check yes no	
	A. NAME OF YOU	JR PROVIDER/PERSON			
	PHONE				
		VE A SPEECH, OCCUPATIONAL #(s) as we may need to contact the			
17. [OOES YOUR CHILD HAV	E ONE OF THE FOLLOWING W	AIVERS? Check the one	that applies to your child.	
Р	DD Waiver	IDRD Waiver	HASCI Wai	ver	
CLTC Waiver		CSW Waiver	Other Waiv	Other Waiver	
in th	e space above. What i	g list (WL) for one of the abov s your child's number on the w onist to obtain this information.			
		FIONAL INFORMATION THAT Couch as medication, etc.) You may			
diag child	nosis and confirms that I. Be sure that this lette	must have a letter from your congressions your request is medically necessis signed by the MD in the pra	essary and/or medically ctice NOT another prac	beneficial for your titioner who signs	
	rs. Your MD letter must ired to process your ap	support each item or service replication.	equested. The MD letter	r is very important and	
Plea	se review the following	consents and initial one of the	statements for #'s 20-23	3.	
21.	You DO NOT have m You DO have my perr You DO NOT have m	mission to send me information y permission to send me information mission to send me information y permission to send me inform	mation by fax. n by e-mail. mation by e-mail.	(initial) (initial) (initial) (initial)	
22.	promotion of Carolina You DO NOT have m	nission to use my and/or my c Children's Charity and its fund y permission to use my and/or Children's Charity and its fund	draising activities. my child's name in	(initial) (initial)	
23.	You DO have my perr video image in promo fundraising activities.	mission to use my and/or my c tion of Carolina Children's Cha y permission to use my and/or	hild's photographic or arity and its	(initial)	
		image in promotion of Carolin	-	(initial)	

I understand it may be necessary to appear before the Carolina Children's Charity Grants Committee to supply further information and/or have a home evaluation. I am 18 or older and have the authority to submit and sign this application.

I also acknowledge that all information on this application is true, accurate and complete. I understand that my child will be ineligible for future grants if my information misrepresents my situation and/or the Charity discovers that I have failed to disclose information. I am also aware that current funds can be revoked at the discretion of the Charity if information is found not to be true. I agree to notify the Charity office if I move out of the Charity's funding area and will provide updates regarding changes in my child's access to resources that could impact my need for continued funding from the Charity.

SIGNATURE OF PARENT/GUARDIAN_			DATE
Relationship to child: Circle One	Parent	Grandparent	
	Foster Parent	Other	

This application will not be reviewed until all six pages of this form are completed, signed, and all supporting documents are received including doctor's letter and tax information. The top two pages of the previous year's Federal tax return (1040) must be provided if your grant is above \$300.00. If you do not file taxes, you must attach a letter that is signed and dated stating that you did not file taxes for the previous year. If you choose not to disclose your financial information or provide your tax return, this application will not be reviewed for assistance as this is an application/ audit requirement.

CONFIDENTIAL

(For use by Carolina Children's Charity only)

Personal Statement of Income and Financial Status Of All Persons Contributing to the Household

ASSETS			MONTHLY EXPENSES	
Checking Acct Balance \$			Rent or house payment	\$
Savings Acct Balance \$			Electric/Gas/Water/Phone/Cable	\$
Real Estate			Car Payment(s) & Insurance	\$
Home	\$		Childcare	\$
Other	\$		Groceries	\$
Car(s)	\$		 Clothing	\$
Personal Property	\$		Credit Card(s)	\$
Other	\$		All other expenses	\$
			TOTAL EXPENSES	\$
TOTAL ASSETS	\$			
			_	
MEDICAL BILLS DUE:	Phy	/sician		\$
	Hos	spital		\$
		Manathal	A	o I () (o o wh
Oalami	Φ.	Monthl	•	ial/Yearly
Salary	\$ \$		X 12 = \$	
Bonuses & Commissions			X 12 = \$	
Alimony/Child Support	\$ \$		X 12 = \$	
Real Estate Income			X 12 = \$	
Other [including Supplemental Security Income (SSI), retirement, etc.]			X 12 = \$	
TOTAL INCOM	1E	\$	\$	
The above information is free accurate.	ely give	en to pro	ocess this grant request. The above	information is true and
Signature of Parent/Guard	ian		Dat	te

The Charity would like to know your areas of interest so we can get you involved in our continued efforts to help children of the Lowcountry. Please mark your specific area(s) of interest.

Help with CCC Fundraising efforts				
Provide guidance and support to other parents as needed				
Volunteer at events				
Start a team for the Run/Walk				
Participate in the Boot Drive and related activities				
Answer phones during a live news broadcast for CCC				
Make Valentines for Firefighter Appreciation				
Conduct a taped or live interview to promote the good work of				
the charity				
Interact with local Fire Departments				
Participate in a committee to discuss ways to increase family				
involvement with the charity or other ways to get involved				
Attend a CCC night out in the area where I live to get to know				
other families and CCC staff				
Become an ambassador for the charity by promoting the work				
of the charity with other groups or organizations that you				
have involvement with to increase interest in support for our				
local charity Help to secure prizes for events through personal or				
professional contacts				
Write a short article for our Carolina Children's Charity				
newsletter about how the charity has helped to make a				
difference in the life of your child				
Name of the person completing this form				
ime nhone# Fmail address				