

7. Does your child attend school? Check yes____ no____ Name of school_____
8. If yes, does your child have access to this item or service requested while in school? Check yes____
no_____
9. Will this item be used at home or at school? Please explain: _____

10. Please explain why additional services are needed and/or why the item is needed in the home:

11. Please attach any information available (i.e., brochure, picture) to support this request. A letter(s) from your child's therapist(s) to support your request is also recommended.

12. DOCTORS INVOLVED IN CHILD'S TREATMENT

- A. PRIMARY CARE-DOCTOR'S NAME_____
- NAME OF PRACTICE_____
- ADDRESS: _____ PHONE_____
- B. SPECIALIST-DOCTOR'S NAME_____
- NAME OF PRACTICE_____
- ADDRESS: _____ PHONE_____

13. MEDICAL INSURANCE:

- A. CARRIER: _____ MEMBER ID#_____
- CONTACT PERSON _____ PHONE_____
- B. MEDICAID ID#_____
- C. Is any portion of the item or service being requested covered by your insurance? Check yes____no____
- D. I have checked with my insurance provider regarding my benefits? Check yes____no____
- E. Have you applied for Medicaid? Check yes____no____.
- What is the status of this application? Check box that applies____ Approved____ Denied____ Pending

14. NAMES OF OTHER AGENCIES OR SERVICES CONTACTED FOR FUNDING:

	DATE CONTACTED	AMOUNT RECEIVED
A. DISABILITIES Board of Charleston, Dorchester, Colleton or Berkeley Citizens	_____	_____
B. CHILDREN'S REHABILITATION 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 HAVE A CASEWORKER, SERVICE COORDINATOR OR EI? Check yes___ no___

A. NAME OF YOUR PROVIDER/PERSON_____

PHONE_____

16. DOES YOUR CHILD HAVE A SPEECH, OCCUPATIONAL or PHYSICAL THERAPIST, etc.? Please provide their name(s) and phone #(s) as we may need to contact them for further information.

17. DOES YOUR CHILD HAVE ONE OF THE FOLLOWING WAIVERS? Check the one that applies to your child.

PDD Waiver _____ IDRD Waiver_____ HASCI Waiver_____

CLTC Waiver_____ CSW Waiver _____ Other Waiver_____

If your child is on the waiting list (WL) for one of the above waivers, please indicate this by writing a WL in the space above. What is your child's number on the waiting list? ____ Please contact your service provider or early interventionist to obtain this information.

18. PLEASE LIST ANY ADDITIONAL INFORMATION THAT COULD HELP IN PROCESSING YOUR REQUEST. (Example: All medical costs such as medication, etc.) You may use a separate sheet if necessary.

19. DOCTOR'S LETTER: We must have a letter from your child's medical doctor which states the child's diagnosis and confirms that your request is medically necessary and/or medically beneficial for your child. Be sure that this letter is signed by the MD in the practice NOT another practitioner who signs orders. Your MD letter must support each item or service requested. The MD letter is very important and required to process your application.

Please review the following consents and initial one of the statements for #'s 20-23.

20. You DO have my permission to send me information by fax. _____(initial)

You DO NOT have my permission to send me information by fax. _____(initial)

21. You DO have my permission to send me information by e-mail. _____(initial)

You DO NOT have my permission to send me information by e-mail. _____(initial)

22. You DO have my permission to use my and/or my child's name in promotion of Carolina Children's Charity and its fundraising activities. _____(initial)

You DO NOT have my permission to use my and/or my child's name in promotion of Carolina Children's Charity and its fundraising activities. _____(initial)

23. You DO have my permission to use my and/or my child's photographic or video image in promotion of Carolina Children's Charity and its fundraising activities. _____(initial)

You DO NOT have my permission to use my and/or my child's photographic or video image in promotion of Carolina Children's Charity and its fundraising activities. _____(initial)

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:

Physician	_____	\$ _____
Hospital	_____	\$ _____

	Monthly		Annual/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 INCOME	\$ <input type="text"/>		\$ <input type="text"/>

The above information is freely given to process this grant request. **The above information is true and accurate.**

Signature of Parent/Guardian _____ **Date** _____

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 _____

Daytime phone# _____ **Email address** _____