

## REMINDER

## \*\* PLEASE READ BEFORE APPLYING FOR FAMILY ASSISTANCE GRANT \*\*

Alana's Foundation relies on private donations to support and fund our mission, including funding grants for families that have had a child pass away.

The following guidelines exist to ensure we are fiscally responsible with all donations.

As per our grant guidelines (section 4), ALL required documentation must be submitted in order for application to be considered. Failure to do so may delay consideration for processing. A check sheet is provided to aid in keeping track of necessary paperwork.

Recently, there have been several applications where information was incomplete. We are unable to sustain future exemptions.

Thank you for your understanding and compliance.

4/15/2024



## Application for Short-term Financial Assistance Supporting Documentation APPLICANT Checklist

Name of family	applying
• • • • •	on terms, the following Items are <b>required in order for application to be</b> ailure to do so will result in delayed processing.
dea	th certificate verifying the loss of child
com	pletely filled out and signed application
	er from a doctor and/or social worker on his/her letterhead stating the request for erral for assistance
A le	tter from the applicant explaining their situation, need, etc.
Сор	by of valid driver's license or state ID
Сор	pies of the <b>most recent</b> pay stub(s)
Сор	by of the <b>previous (or most recent)</b> calendar years W-2
Сор	by of the <b>previous (or most recent)</b> calendar years tax filing
Сор	by of mortgage statement/rent lease agreement
etc	er supporting documentation (copies) to be considered for payment (ie utilities, ): ility bills (list):
_	

NOTE: DO NOT SEND ORIGINALS. Bills MUST show your name (spouses name), account number, current balance due and the complete address to which payments are sent. If you rent, must send a complete copy of your lease/rental agreement, including the name and address of the person or agency to whom payments are made.

# **Application for Short-term Financial Assistance**



Social Worker/Hospital Staff\_

Website

Send completed form to:
Alana's Foundation
c/o 5788 Burnham Rd.
Bloomfield Hills, MI 48302
info@alanasfoundation.org ~ www.alanasfoundation.org

Allow minimum 48 hours for initial review of request

All applications are kept confidential. Alana's Foundation *cannot meet every request.* Approval is dependent on available funds at the time of request. Alana's Foundation reserves the right and the applicant hereby grants permission to share all information provided by the applicant to third-parties on an as-needed basis. *Applicant families that submit COMPLETE applications and meet all requirements are eligible for a <u>one-time</u> assistance grant. (NOTE: Short term financial assistance is up to one year from approval of request).* 

NAME (First, Middle, Last)	DATE OF BIRTH			
DEATH CERTIFICATE ATTACHED (REQUIRED)			DATE OF DEATH	
	SOCIAL WORKER REFERRAL (If applicable)	DATE RE	DATE RECEIVED (Office use)	
SECTION 2 - PARENT/GUARDIAN INFO	DRMATION REQUESTING ASSIS	TANCE		
M	OTHER/GUARDIAN INFORMATION			
Mother's/Guardian's Name	Primary Phone:	Circle one: Home Cell	Current address:	
Employment (employer and nature of work/ title):	Alternate Phone:	Circle one: Home Cell		
	E-mail:		Gross Monthly Income:	
F.	ATHER/GUARDIAN INFORMATION			
Father's/Guardian's Name	Primary Phone:	Circle one: Home Cell	Current address:	
Employment (employer and nature of work/ title):	Alternate Phone:	Circle one: Home Cell		
	E-mail:		Gross Monthly Income:	
Does patient or family receive assistance from nature of assistance:	n other agencies and/or foundation(s)?	P If so, list age	ncies/foundation(s) and	

Another Assisted Family

Other (explain)

#### SECTION 3 - NEED EVALUATION FOR SHORT TERM FINANCIAL ASSISTANCE

TOTAL AMOUNT REQUESTED \$ (if applicable, prioritize your family's need by entering amount(s) below and number them 1-15)					
Counseling - Individual	Counseling - Group	Counseling - Family			
Auto Payment	Auto Repair	Auto Insurance Premium			
Utilities	Phone Bill	Health Insurance Premium			
Home Repair	Mortgage/Rent Payment	Transportation			
Connect with other families	Groceries/Food Delivery	Other			

### SECTION 4 - REQUIRED SUPPORTING DOCUMENTATION & PARENT/GUARDIAN CERTIFICATION

I have attached written documentation from a doctor and/or social worker on his/her letterhead stating the request for referral for assistance.

I have attached a death certificate verifying the loss of my child.

I understand that my application cannot be processed until I have completed all documentation and submitted it to the email, street address, shown on top of this application which includes:

- A completely filled out and signed application
- A letter from a doctor and/or social worker on his/her letterhead stating the request for referral for assistance.
- A letter from the applicant explaining their situation, need, etc.
- · Copy of valid driver's license or state ID
- Copies of the most recent pay stub(s)
- Copies of the previous (or most recent) calendar years W-2 and tax filing
- Supporting documentation (copies) of above priorities (utility bills, mortgage/rent statement, etc. you wish to be
  considered for payment. DO NOT SEND ORIGINALS. Bills MUST show your name (spouses name), account
  number, current balance due and the complete address to which payments are sent. If you rent, must send a
  complete copy of your lease/rental agreement, including the name and address of the person or agency to whom
  payments are made.

Applicant must include a clear original photo of the family requesting assistance. Applicant must sign the release, which gives the foundation your permission to publish on our website/social media a picture and brief case history and grant summary **should they decide to do so**.

I certify that the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional misrepresentation of the information contained in this application will result in the loss of current and future assistance from Alana's Foundation and may result in civil and/or criminal liability. The applicant hereby releases Alana's Foundation form any and all liability which may arise from the sharing of this information with third-parties.

I also give Alana's Foundation permission to publish in print, electronic or video format the likeness or image of myself, child, and family. I release all claims against the foundation with respect to copyright ownership and publication including any claim for compensation related to use of materials.

NOTE: Applicant families that meet all requirements are eligible for a one-time assistance grant. Second requests are not accepted to ensure opportunities for others.

Parent/Guardian Signature

Relationship to child

Date

Parent/Guardian Printed Name

OFFICE USE ONLY

Date Received \_\_\_\_\_\_ Date Approved or Denied \_\_\_\_\_\_ Amount approved \_\_\_\_\_\_ ck #\_\_\_\_\_

Approved/Denied By: \_\_\_\_\_\_ Foundation Representative PRINTED

Foundation Representative SIGNATURE