



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 _____

As per application terms, the following Items are **required in order for application to be considered. Failure to do so will result in delayed processing.**

_____ death certificate verifying the loss of child

_____ completely filled out and signed application

_____ 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)

_____ Copy of the **previous (or most recent)** calendar years W-2

_____ Copy of the **previous (or most recent)** calendar years tax filing

_____ Copy of mortgage statement/rent lease agreement

_____ Other supporting documentation (copies) to be considered for payment (ie utilities, etc):

- utility 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

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 **one-time** assistance grant.* (NOTE: Short term financial assistance is up to one year from approval of request).

SECTION 1 - INFORMATION OF CHILD DECEASED

NAME (First, Middle, Last)		DATE OF BIRTH
DEATH CERTIFICATE ATTACHED (REQUIRED)		DATE OF DEATH
HOSPITAL/DOCTOR REFERRAL (If applicable)	SOCIAL WORKER REFERRAL (If applicable)	DATE RECEIVED (Office use)

SECTION 2 - PARENT/GUARDIAN INFORMATION REQUESTING ASSISTANCE

MOTHER/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: \$

FATHER/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 other agencies and/or foundation(s)? If so, list agencies/foundation(s) and nature of assistance:

How were you referred to Alana's Foundation? Check all that apply:
 Social Worker/Hospital Staff _____ Website _____ Another Assisted Family _____ Other (explain) _____

