



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. However, some assistance is generally available. Families may be prioritized by need, but no family will be ineligible because of their income level. 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 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	
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	
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) _____

SECTION 3 - NEED EVALUATION FOR SHORT TERM FINANCIAL ASSISTANCE

PLEASE LIST AMOUNT REQUESTED AND PRIORITIZE YOUR FAMILY'S NEEDS BY NUMBERING 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, or fax number 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 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.

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 from 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