



GRANT APPLICATION

A New Chance Foundation will help dependent children live a more independent life by increasing mobility, by creating access at home, and/or by improving activities of daily living.

Eligibility Requirements

- Child should be under the age of 18, however exceptions may be considered
- Child must be from the greater Cincinnati area
- Parents' insurance does not cover the cost of equipment/home modifications and the parents do not have the resources to provide the equipment/home modifications.
- Parents' will need to demonstrate that they have appealed to their insurance company to assist them with their specific need and/or demonstrate why they can not cover the cost without assistance
- One application per calendar year per child.
- Requests for debt reduction of expenses already incurred will not be considered.

Grant Information

- Maximum grant amount is \$2500
- All exceptions will be voted on and approved by the board of directors
- A New Chance Foundation will provide funding for and assist in obtaining the necessary needs of the family

Submittal Checklist

- Completed A New Chance Foundation Grant Application Form
- Letters (on official letterhead) from the doctor and/or medical specialist giving the recommendation for the treatment/apparatus that is being requested along with medical documentation of your child's current condition.
- Evidence of the family's financial situation. Provide a document, written and signed by you, stating your lack of ability to pay and why. Include most recent Federal Income tax return.
- Information on the procedure/apparatus requested. This should include: the cost; if it will be discounted; the name, address and phone number of the company and provider who will receive payment; and how the requested procedure/apparatus will improve the child's quality of life.
- A photo of the child
- Consent/refusal to allow your child's picture, story, and/or name on the A New Chance Foundation website, in our brochure, or in the media.

A. General Information (Child)

Please Print

Last Name _____

First Name _____

Age _____ Date of Birth _____ / _____ / _____ SS Number _____ - _____ - _____

Gender Male Female

B. Medical Information

Diagnosis _____

Age of Diagnosis _____ Year of Diagnosis _____

Please describe your child's current problems/limitations _____

Current Treatment (Please include information about the type of therapy and frequency if applicable)

Please provide other information about your child's daily life that will help us understand your child's need (optional)

C. General Information (Parent/Guardian)

Please Print

Relationship to Child _____

Relationship to Child _____

Last Name _____

Last Name _____

First Name _____

First Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Email _____

Email _____

SS Number _____ - _____ - _____

SS Number _____ - _____ - _____

Occupation _____

Occupation _____

Place of Employment _____

Place of Employment _____

Primary Caregiver _____

Number of Siblings _____ Names & Ages of Siblings _____

Household Income _____

Type of Health Insurance _____

Amount of out-of-pocket medical expenses in the last year _____

Other assistance received (such as social security, BCMH, or MR/DD) _____

Do any other family members in your household have a medical condition? _____

If yes, please explain _____

D. Explanation of Use of Grant

Medical Equipment (please specify) _____

Home Modification (please specify) _____

Transportation Need (please specify) _____

Other (please specify) _____

Please provide information about how you would use this grant if your child is selected

Please provide information about how the grant would improve your child's life and help them live a more independent life

Estimated Cost \$_____ Please include photos, quotes, etc. if applicable.

Will you accept a used item if applicable? Yes No

If you are awarded, who will receive payment?

Name of Company _____ Phone Number _____

Contact Person _____

Address _____

Email _____

Thank you for taking the time to fill out this application.

We will review it and contact you as soon as a decision has been made.

If we are able to award you the grant, please be advised that we will require a medical release form to be completed for each of the physicians, specialists, therapists, etc. These forms will be sent at a later date.

I hereby release, hold harmless and indemnify A New Chance Foundation, its directors, trustees, officers, volunteers and agents from and against all claims, liabilities, losses, costs, damages or expenses, including reasonable attorney fees and litigation expenses, resulting from or in connection with any treatment, medication, apparatus, transportation, lodging or other benefit that is awarded to me by A New Chance Foundation pursuant to my grant request. In addition, I certify that all of the information that I have submitted and all of the statements that I have made in support of this grant request are true, and I agree that any false information, misrepresentation or omission of facts by me may result in the cancellation or immediate dismissal of my application and that A New Chance Foundation reserves the right to take any necessary action to recover any benefits, or the value of any benefits, awarded to me in reliance upon such false information, misrepresentation or omission of facts.

Parent/Guardian Signature _____ Date _____

PLEASE SUBMIT COMPLETED APPLICATION TO:
BETH CHANCE
135 MASON ROAD
MASON, OH 45040



_____ Participant

135 MASON ROAD
MASON, OHIO 45040

513.492.9110
ANEWCHANCEFOUNDATION.COM

CONSENT FORM

We occasionally like to show our supporters the pictures and stories of children they have helped.

If you do not want your child's picture used outside of the application process within A New Chance Foundation, please let us know below.

Your child's last name will NEVER be used in any external media or print materials.

- I do NOT want my child's picture/name/story used on the website, in the media, or in a New Chance Foundation brochure/newsletter.
- You MAY use my child's picture/name/story on the website, in the media, and/or in A New Chance Foundation brochure/newsletter.
- You may use my child's picture and story but please change his/her name.
- You may use my child's name and story but please do not use his/her picture.

Parent/Guardian Signature _____ Date _____

PLEASE SUBMIT COMPLETED CONSENT FORM TO:

BETH CHANCE
135 MASON ROAD
MASON, OH 45040