



APPLICATION FOR NEED-BASED GRANT

**ELIGIBILITY:**

- Applicants must be parents or legal guardians of a child who has been diagnosed with and is undergoing testing or treatment for a serious heart-related medical problem.
- Applicants must be facing a financial hardship as a result of travel, lodging, and other expenses associated with the child’s medical problem that are not covered by insurance.
- All grants are awarded at the Foundation’s discretion on a first come, first served basis. The Foundation may approve an amount lower than the amount requested or deny any request completely.
- Timeliness of payment will be determined by the amount of funds available at the time of application.

**APPLICATION INSTRUCTIONS: (incomplete applications will be returned without action)**

- Applicants must complete this application.
- Applicants must attach a copy of a recent pay stub.
- To the extent possible, applicants must attach proof of expenses incurred. Applicants who cannot pay a cost up front should attach a quote for estimated amount of expense. Grant checks are made payable to the vendor on behalf of the applicant and will be mailed to the applicant.
- Mail completed applications to the Erika Kate Hope Alliance, PO Box 262, Muscatine, IA 52761.

Date: \_\_\_\_\_

**APPLICANT’S INFORMATION** (Please print clearly.)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Religion: \_\_\_\_\_

**CHILD’S INFORMATION**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child’s Cardiac Diagnosis: \_\_\_\_\_

Year of diagnosis: \_\_\_\_\_ Gender (circle one): F M

Medical Center: \_\_\_\_\_

Social Worker Contact: \_\_\_\_\_ Social Worker E-mail: \_\_\_\_\_

Social Worker phone number: \_\_\_\_\_

Are you receiving any support from your church or a local support group?

- Yes
- No

Do you have family close by or actively helping you?

- Yes
- No

If you have other children, what are their ages? \_\_\_\_\_

Would you like to receive an email invitation to join EKHA’s online caring community, an online forum of EKHA families sharing their experiences with regular messages from EKHA’s Care Team Leader? You may choose to opt out of this community at any time.

- Yes
- No

**On a separate piece of paper, prepare a letter of hardship describing your journey with your child’s heart condition and medical problems. Let us know how this condition has created financial challenges for you as you’ve sought to get your child the care required.**

Need assistance with:

- Lodging expenses
- Meal expenses
- Transportation costs
- Co-pays
- Mortgage/rent payments
- Utility payments

**Please submit documentation of expenses for which you would like to receive assistance. If you cannot pay a cost up front, please attach a quote for the estimated amount of expense. Receipts, invoices, statements, or quotes should all be attached and sent with application.**

*Please list the specific expenses and amounts of your request in the table below. All payments are subject to Foundation approval and availability of funds.*

Vendor name, address, and your account number (if applicable)	Date of expense	Amount Requested	Proof of expense

**We are aware that your journey is extremely difficult, and we want you to know we care. Our care team exists to listen, encourage, and pray for you during your crisis. Although we often provide financial support, EKHA's hope is to also provide you with emotional and spiritual care.**

Would you like to be contacted by a member of our Care Team?

- Yes, I would like that
- No, not at this time

**We'd love to see who we are helping; please submit a family photo.**

**SIGNATURE OF APPLICANT: I, \_\_\_\_\_, certify the above information to be true and correct. I understand that incomplete applications will be returned without action.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

All information is kept strictly confidential. Emergencies are handled as quickly as possible on a case-by-case basis. Applicants will be notified upon decision of the financial grant. Timeliness of payment will be determined by the amount of funds available at the time of application.