KADIJAH FAMILY FUNDS MINI-GRANT APPLICATION

HEARTS HANDS OF CARE INC.
7521 Brayton Drive
Anchorage, Alaska 99507
Phone: 907-929-5826
Fax: 907-929-5862

Important Note *: If this Mini-Grant is approved, payment will be made directly from* ***Hearts & Hands of Care Inc.*** *to the vendor for the items or services purchased for the Beneficiary.*

Person filling out this application	**Person who will receive the service for items from this grant**
Name ______________________________	Name ______________________________
Address ____________________________	Address ____________________________
City _______________ Zip _______________	City _______________ Zip _______________
Evening Phone ________________________	Social Security Number ________________________
E-mail ______________________________	Date of Birth __________________Age__________
Fax ________________________________	Gender (circle one) Male or Female
Relationship to Beneficiary ___________________	
	Ethnic Background (circle one)
PHYSICAL ADDRESS OF PERSON TO RECEIVE GRANT	Alaska Native/American Indian Hispanic
(For delivery of items or services)	Caucasian (non-Hispanic) Black/African American
	Asian/Pacific Islander Other _____________
Address ____________________________	
City _______________ Zip _______________	**Beneficiary Coverage** (circle yes or no for all options)
Name of Facility ______________________	Medicaid Y N
___________________________________	Medicare Y N
___________________________________	Choice Medicaid Waiver Y N
	Other Insurance Y N

Amount of Mini-Grant Request:____________________ (Maximum $500.00)

Specific Item(s) or services to be purchased with this Mini-Grant ____

Explain how this Mini-Grant will allow the Beneficiary to receive an essential item, how the item will increase independent functioning, and how it will improve the Beneficiary's quality of life;

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Store or Supplier (Vendor) from which the item(s) or service(s) will be purchased:

Name of Store or Supplier ____

Address:___________________________City____________________State_____________Zip _______________

Phone _____________________________Contact Person ____

This Mini-Grant Application Must be Signed in order to be processed

Please Review the Application Checklist on Other Side

I certify that the information submitted on this form is true and accurate to the best of my knowledge. It is my understanding that the items of services for which I've requested on this Mini-Grant are not covered by any other funding source.

____ ____________________

Signature of Person filing out application Date

____ ____________________

Signature of Person to receive grant or legal guardian or Power of Attorney Date

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Mini-Grant for Items and Services Instruction for Completion

Who Qualifies:
To receive a Mini-Grant funding the person must be facing a significant financial crisis

Application Criteria:
This program is designed to help Consumers who are in need of emergency services, such as :

a. Housing (rent, electric and gas bills)
b. Food
c. Medical Services (prescription medicine)
d. Emergency Travel
e. Essential items which will directly improve their quality of life and increase their independent functioning.
f. Medical, dental, vision, hearing, supplies, therapeutic devices, adaptive equipment, and accessibility improvements.
g. No other funding source is available to item or service. No existing bills.

Review Application Checklist:

1. The beneficiary or the beneficiary's family member, care coordinator, legal guardian, power of attorney or another person can apply.
2. **If applicable, the signature of legal guardian or power of attorney is needed.**
3. All information must be completed on form; incomplete applications will be returned.
4. Attach a written estimate from vender (store, provider or supplier) to be used. If applicable add shopping, handling and/or installation charges.
5. Verify that person requesting grant has one of the qualified criteria above
6. Please note the maximum Mini-Grant request is $500.00; however an applicant may submit more than one application per year, as long as the combined applications do not exceed more than $500.00.
7. Mail or Fax application to: **Hearts & Hands of Care Inc.**
   Kadijah Family Funds
   7521 Brayton Drive
   Anchorage, Alaska 99507
   Phone: (907) 929-5826 Fax: (907) 929-5862

How Mini-Grant works:
Submit a completed Mini-Grant application with an estimate from the vendor to be used for the item or service requested. Applications will not be processed until all information is completed. Completed applications are considered for funding based on level of need and date order. Once a grant is awarded a Purchase Order (PO) is sent directly to vendor. **Do not pay for item/service out of pocket**. The Mini-Grant will not pay for an existing bill. A check for payment is sent to the vendor after an invoice for competed item or service is sent to Kadijah Family Funds. **Process will take 4-6 weeks for review. Please do not inquire into the status of the Mini-Grant; a letter will be mailed to applicant.**

This Mini-Grant is funded by the Kadijah Family Fund-Division of Hearts & Hands of Care Inc.