



North Carolina Chapter Grant Request for Funds Form

Complete this form every time you request funds

(May submit for funds, along with receipts, 3 times only per period for a maximum amount of \$750)

Person with ALS Information: (Check made out to person with ALS)

Name: _____

***Note: North Carolina physical address must be provided. PO Box only is not accepted.**

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____ ALS Clinic Attending: _____

Primary Caregiver Information:

Name: _____ Relationship to person with ALS: _____

If different from above:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Product/service request for reimbursement: **(Please be sure to check each category on the *ALS Eligible Expenses list to be sure service/item is listed.* If it is not found on the list, it will not be included in the reimbursement check amount.)**

PLEASE CHECK ALL THAT APPLY WITH THE AMOUNT REQUESTING:

Respite Care: \$ _____ Communication Devices: \$ _____ Transportation: \$ _____

Home Modifications: \$ _____ Medical Expenses: \$ _____

Total Amount Requesting: \$ _____ (not to exceed \$750)

Answer the following questions: On a scale of 1-5 with 1 being the lowest

1. Having access to this grant will increase my quality of life:
1 - Not at all 2 3 4 5 - Tremendously!
2. Having access to this grant will enable me to adapt to ALS changes:
1 - Not at all 2 3 4 5 - Tremendously!
3. Having access to this grant will offset some of the financial burden of this disease:
1 - Not at all 2 3 4 5 - Tremendously!

FOR ALSA USE ONLY
Amount: _____
Approved By: _____
Date: _____

Something to consider before applying:

In an effort to serve those who are most in need, please consider alternative funding sources such as VA benefits, Medicare, Medicaid, Insurance coverage, Long Term Care insurance, etc. before requesting funds from the NC Chapter. Veterans who are not receiving VA benefits should contact a veteran's service organization (PVA), clinic social worker or a member of the Chapter Care Services Department for guidance.

PLEASE READ AND PUT A CHECK NEXT TO THE FOLLOWING STATEMENTS BEFORE SIGNING:

____ I have checked that the service/item I am submitting is **ON THE ALS ELIGIBLE EXPENSES** list provided (**MUST BE ON LIST TO BE ELIGIBLE FOR REIMBURSEMENT**).

____ The date of my receipt is between the **ACCEPTABLE DATE RANGE** of this period

(1st period = Jan 21 - July 20 2nd period = July 21 - Jan 20)

____ Receipts I am submitting have a **CLEAR DESCRIPTION OF SERVICE AND/OR ITEM PURCHASED** and **INCLUDES DATE OF SERVICE/PURCHASE**)

____ I have included a copy (**NOT ORIGINALS, IF SENDING BY MAIL**) of actual receipt(s) (**NOT** Cancelled Checks, Bank Statements, Credit Card Statements/Receipts, EOB (Explanation of Benefits), Medical Portal Statements/Account Statements, Quote or Estimate)

By submitting this Chapter *Request for Funds* and signing below, I assume personal responsibility for understanding the North Carolina Chapter Grant Request for Funds process, eligible expenses and hard deadlines. If I include expenses that are not listed on the *ALS Eligible Expenses* list, I understand that **I will not receive reimbursement for these items**. I also understand that **no exceptions** will be made to the grant deadlines and all grants are subject to availability of funds.

Applicant (Print Name)

Signature
(INSERT NAME AS SIGNATURE)

Relationship to person with ALS

Date

**Policies and procedures are subject to change.*

Please email (scanned attachment), fax or mail completed Request for Funds form with eligible copies of receipts to the Chapter office at:

**The ALS Association North Carolina Chapter
4 N. Blount Street, Suite 200
Raleigh, NC 27601
Email: claudia@alsnc.org
Fax: 919-755-0910**

If you have any questions, please contact Claudia Beirne at claudia@alsnc.org or 919-390-0125