



**ALS United North Carolina Care Grant
Request for Funds Form**

Complete this form every time you request funds

(May submit Request for Funds along with receipts, 3 times per period only 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)

FOR ALSA USE ONLY
Amount:
Approved By:
Date:

Something to consider before applying:

Please consider alternative funding sources such as VA benefits (Veterans who are not receiving VA benefits should contact a veteran's service organization), Medicare, Medicaid, Insurance coverage, Long Term Care insurance, etc. before requesting funds from ALS United North Carolina.



BEFORE SUBMITTING, PLEASE BE SURE THE FOLLOWING IS ACCURATE:

- You have checked the eligible expenses list provided to make sure the item/service you are submitting for is the list (must be on list to be eligible for reimbursement, if it is not on the list, it is not eligible, and you will not be reimbursed for it).
- Receipts must be dated within the previous 12 months of submission date
- Date is on or before the deadline of the period you are submitting as follows:
1st period (Jan 21 – July 20) deadline = July 20 & 2nd period (July 21 - Jan 20) deadline = January 20.
- Receipts have a clear description of what the service and/or item purchased is and includes date of service/ purchase of equipment and \$ amount paid. (do not send receipts that have just the \$ amount without showing a description)
- You have included a copy (not originals, if sending by mail) of actual receipt(s). NO canceled checks, bank statements, credit card statements/receipts, insurance EOB (explanation of benefits), medical portal statements/ account statements without clear description of service and charge, Quote, Estimate or Proposal – as these are not eligible types of receipts.
- I am emailing and have attached request with receipts as a PDF or word document attachment (NOT as an image –JPEG, PNG, Paint document OR in the body of the email).

By submitting this Care Grant Request for Funds and signing below, I assume personal responsibility for understanding the ALS United North Carolina Care Grant Request for Funds process, eligible expenses, and hard deadlines. If ANY OF THE ABOVE IS NOT ACCURATE, 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. If false information is provided, I understand that ALS United NC has the right to refuse reimbursement of funds and also if I submit the same receipts more than once, I will be no longer eligible for the ALS United North Carolina Care Grant. Adding your name below qualifies as your signature.

Name of person with ALS

Name of Applicant & Relationship (If completing for person with ALS)

Date

Signature of person with ALS or Applicant

**Policies and procedures are subject to change.*

Please email completed Request for Funds form with eligible copies of receipts (as a PDF attachment) to claudia@alsnc.org

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

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