



North Carolina Care Grant
Request for Funds Form
Complete this form to request funds

(May submit Request for Funds 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 check each category on the ALS Eligible Expenses list to be sure services/items are 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 ALSNC 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 **on 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 include date of service/purchase 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 cancelled 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.
- If emailing, I 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). See last page (pg. 11) for instructions on how to scan using an iPhone or Android phone.**

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.

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 without notice.*

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

**ALS United North Carolina
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
Fax: 919-755-0910*