



IMPORTANT: Please read prior to completing the application!

Children's Relief Fund is a non-profit, 501(c)(3) organization committed to raising money to help fund therapy, equipment, summer programs and group activities for children with disabilities in the Hilton Head Island and Bluffton area. Children's Relief Fund consists of Board members and committee members working on a volunteer basis only. The Children's Relief Fund is intended to be a funding source of last resort for families struggling with the costs associated with a child's adaptive equipment, therapy or other related expenses. For an application to be considered complete, we ask all applicants to explain the nature of their financial need or hardship, as well as provide evidence that other avenues of funding have been exhausted or denied, including private insurance, Medicaid, BabyNet or other similar programs.

NEW POLICY, effective September 1, 2015:

Incomplete requests will be automatically denied. If any piece of required information is left blank, we will not be able to assist (this includes but is not limited to cost of treatment/ equipment, accurate income details, insurance coverage, etc.)

DEADLINE for accepting requests for funding:

First Quarter: January 31

Third Quarter: July 31

Second Quarter: April 30

Fourth Quarter: October 31

Please forward confidential Application to:

Children's Relief Fund
Post Office Box 22574
Hilton Head Island, SC 29925



children's relief fund

APPLICATION FOR FUNDING

PERSONAL INFORMATION

Child's Name: _____ Date of Birth _____ Age: _____

Diagnosis/ Disability: _____

School: _____ Grade: _____

Special Education services at school: PT ____ OT ____ Speech ____ Resource ____ None __

Parent/ Guardian Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Phone Number: Home _____ Cell: _____ Work: _____

SERVICES

Services you are applying for: PT ____ OT ____ Speech ____ Equipment/ Other- Specify _____

If applying for equipment or other items, please describe: _____

Cost each session: ____ Sessions per week: ____ Total weekly cost: ____ Equipment: ____

Have you received funding from Children's Relief Fund for services or equipment in the past? ____

If yes, please specify _____ Date: _____

INSURANCE

Is the child covered under any of the following?

Health Insurance ____ Medicaid ____ BabyNet ____ Other ____

What is the amount your insurance policy will reimburse? _____

Have you applied for insurance or financial assistance from others? _____



children's relief fund

If so, please list name of organization and date applied: _____

What is the amount you have secured in donations from others? _____

Other information regarding your need for financial assistance from CRF: _____

FINANCIAL INFORMATION

The following financial information is used to determine applicant's need for help. It will be shown only to the Board Members of The Children's Relief Fund, and will not be divulged to anyone else. PLEASE NOTE, we are not responsible for transmittal of application. Please forward confidential application appropriately, i.e. sealed envelope.

How many people are currently living in your household? _____

Both parents in home _____ Single parent home _____ Lives with Guardian _____

Projected household income this year? _____
(Income for ALL adult members of your household. If left blank, your request will be denied.)

Last year's household income? _____

Family income sources (please check ALL that apply):

Salary ___ Medicaid ___ Short Term Disability ___ Unemployment ___

Family/ Friends support ___ Social Security Disability ___ Other- specify _____

Other information regarding your need for financial assistance from CRF: _____

Amount you can contribute toward services and/ or equipment: _____

*ALL recipients of our program are required to pay something toward services/ treatment/ equipment

Are you able to volunteer with Children's Relief Fund for fundraising? _____

Printed Name: _____

Relationship to Child: _____

Signature: _____

Date of Application: _____