



GRANT APPLICATION
FOR INDIVIDUALS

_____ **Date**

_____ **Grant #**

_____ **Name of person requesting grant (Please print or type)**

_____ **Name of Agency represented if any**

_____ **Address**

_____ **City**

_____ **State**

_____ **Zip**

_____ **Phone #**

_____ **Name of individual for whom request is made**

_____ **Age**

_____ **Date of Birth**

_____ **Address**

_____ **City**

_____ **State**

_____ **Zip**

_____ **Phone #**

**Please indicate if individual is: _____ Living at home, _____ Foster Care,
_____ Residential Care Facility, _____ Independent Living or _____ Other**

_____ **(Describe if other situation)**

**Financial Information: Give Total Household Income \$ _____
Give Recipients Income \$ _____**

**Living Status: Own Home _____ Mortgage Payment \$ _____
Renting _____ Rental Payment \$ _____**

Please check appropriate boxes:

Applicant is a recipient of: S.S.I. , AFDC , Social Security or Other

Is your child, consumer(s), or (IL) client a Regional Center client? Yes or No

Case Manager's Name _____ Phone _____

Family Structure:

Husband and Wife live in same dwelling _____ Yes _____ No (If no, answer below)
 _____ Separated _____ Divorced _____ Deceased
 Is Husband employed? _____ Yes _____ No # of Siblings at Home _____
 Is Wife employed? _____ Yes _____ No Ages _____

Describe degree of mental retardation (mild, moderate, profound, severe, etc.)

Describe in detail degree of behavioral problem, if any. Is it controlled? _____

Describe in detail physical disabilities, if any _____

Describe what funds are to be used for. If equipment is requested, please attach two (2) estimates of cost. _____

Amount Requested \$ _____

Have applications for this need been made to other sources? _____ Yes _____ No
If Yes, please list and give \$ amounts committed. _____

Name of individual's physician _____

Address	City	State	Zip	Phone #
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I, the undersigned, state that the information contained in this Grant Application is true and correct to the best of my knowledge. I also give permission for the use of name, address and photographs and/or home interview by Community Assistance for the Retarded and Handicapped, Inc.

Signature	Title/Relationship	Date
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