

Request # \_\_\_\_\_

Date Received \_\_\_\_\_

**Doc's Deepwood Run  
Assistance Program  
Individuals Application**

Applications must be received 2 weeks prior to the second Tuesday of a review month. Applications must be complete to be considered. **Incomplete applications will be returned without consideration. A complete application includes:**

1. All questions on this form completed fully.
2. Copy of the applicant/ family's Financial Verification Form
3. A copy of the statement detailing the cost, such as a vendor cost quote, a catalog page, a camp fee schedule, or a service fee schedule. For purchase requests, please supply 2-3 written vendor quotes.

**Returned applications can be resubmitted once complete.**

**Complete applications will be considered on the following timeline:**

- Applications received in November, December, and January will be considered in February.
- Applications received in February, March, and April will be considered in May.
- Applications received in May, June and July will be considered in August.
- Applications received in August, September and October will be considered in November.

**1) Applicant Information:**

Name of person with MR/DD: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ (please attach documentation of diagnosis)

Contact Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_ Contact email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Age of person with MR/DD: \_\_\_\_\_ Number of people in the family? \_\_\_\_\_

The school or activity program the person is in: \_\_\_\_\_

Name of Parents (if above person is a minor): \_\_\_\_\_

Address: (if different from applicant) \_\_\_\_\_

Phone: \_\_\_\_\_

**2) Type of Assistance Requested**

**Adaptive Equipment** \_\_\_\_\_

**Camp/Recreation Scholarship** \_\_\_\_\_

**Extracurricular Activities** \_\_\_\_\_

**Respite Services (on site or community)** \_\_\_\_\_

**Medication** \_\_\_\_\_

**Other** \_\_\_\_\_ (please explain)

**Please Note: It is our desire to touch the lives of as many people as possible. With that goal in mind, we ask that you consider returning adaptive equipment that no longer meets your needs so we can add it to Doc's lending library.**

**3) Grant Request Information:**

Purpose of grant (Describe in detail. Attach additional pages if necessary):

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**Amount of Grant Request:** \$ \_\_\_\_\_ (Please attach copies of vender written quotes - Including shipping and handling cost )

Is this the total cost? If not what other sources are being used to fund this need? \_\_\_\_\_

If it is an equipment item is it possible to lease the item? \_\_\_\_\_

If applicant is school age, is he/she eligible for extended school year? \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**      \_\_\_\_\_ **NA**  
 (If no, please attach denial letter from the school.)

What other funds have been sought and what are the results? \_\_\_\_\_

**Is the applicant eligible for or have you requested assistance from the following sources?**

		Date requested	Approval
Medicaid	Y/N	_____	Y/N/Pending
FRS	Y/N	_____	Y/N/Pending
BVR	Y/N	_____	Y/N/Pending
<b>BCMH</b>	Y/N	_____	Y/N/Pending
<b>Program Budget</b>	Y/N	_____	Y/N/Pending
Extended School Year	Y/N	_____	Y/N/Pending
Deepwood Foundation	Y/N	_____	Y/N/Pending
<b>LCARC</b>	Y/N	_____	Y/N/Pending

Family funds used for this need: \_\_\_\_\_

**3) Other unusual expenses family has incurred and the reason:**

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4) Has this applicant received a grant from the Doc's Deepwood Run in the past?

Yes  No If yes: Reason for grant \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

5) Do we have your permission to share grant application information with other organizations, and/or individuals who may be willing to consider contributing to the funding that you have requested?  Yes  No

6) If your grant is approved, may we share information about the type of need funded to be used in our Community Awareness Programs?  Yes  No

*We will not share your name or other personally identifying information.*

I attest that this application represents a true and accurate representation of need and finances.

\_\_\_\_\_  
**Applicant or Guardian Signature and Date**

Staff/family assisting in filling out application

Name \_\_\_\_\_ Association \_\_\_\_\_

Phone \_\_\_\_\_ email: \_\_\_\_\_

Supervisor/Manager (only required if staff are submitting request for the individual)

Approval \_\_\_\_\_

Supervisor/Manager Name and date

**PLEASE BE SURE TO COMPLETE AND SUBMIT THE FINANCIAL VERIFICATION FORM**

If you have any questions, please call (440) 209-1352 or email NichDddd@aol.com

Mail the completed application to: Diana Nichols  
7333 Eric Drive  
Mentor, Ohio 44060

\*For a better understanding we may ask for a brief presentation on the merits of your request\*

Doc's Deepwood Run does not endorse individual programs, therapies, treatments, schools or facilities, or the theories or practices of any one individual or entity. Families may receive funds to be used for assistance based on the needs of the child or adult family member. Inquiries and tax-deductible donations may be sent to the Doc's Deepwood Run, RQ'Dqz'3353, Mentor, Ohio.'66283 To learn more about Doc's Deepwood Run visit us at [www.docdeepwoodrun.org](http://www.docdeepwoodrun.org).

For office use only		
Application complete	Prior grant	
<input type="checkbox"/> Form	Grant # _____	
<input type="checkbox"/> IRS Form	Amount _____	
<input type="checkbox"/> Cost quote	Purpose _____	Fund _____
<b>Incomplete – returned on _____</b>		

**Doc's Deepwood Run Assistance Program**  
**REQUEST FOR FINANCIAL ASSISTANCE**

**20%**

Name \_\_\_\_\_

Date \_\_\_\_\_

Financial assistance from the Doc's Deepwood Run is available based on total family income and needs and is available for Camp, Respite, Adaptive Equipment, Emergency Needs and other expenses incurred on behalf of a person with developmental disabilities.

The **Assistance Program** is operated by Doc's Deepwood Run; it is the policy of Doc's Deepwood Run that acceptance into, and participation in a program of the Agency shall be made regardless of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, or disability.

**Assistance CANNOT be awarded unless verification of total family income is enclosed with this request.**

**Please provide a copy of the following:**

- o 2009 Federal Income Tax Return with copies of W-2's attached
- o Copies of Social Security or SSI for parents and individual, Child Support, Alimony, Pension, ADC, Self-employment or Unemployment

**(Worksheet – please attached copies of verification of income sources)**

<b>INCOME</b>	<b>MOTHER</b>	<b>FATHER</b>	<b>INDIVIDUAL</b>
Salary/wages			
Child Support			
Alimony			
Pension/Social Security			
ADC/SSI/SSDI			
Self-employment			
Unemployment			
The Deepwood Foundation			
Other			

**TOTAL FAMILY SIZE:** \_\_\_\_\_

**Recipients Age:** \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature if over 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if under 18 years of age

**\*Doc's will notify the applicant of the funds awarded by mail using a "required" self addressed, postage paid number 10 envelope supplied by the applicant with this request.\***

