



Futures Foundation Grant Request Form

Prospective Grantee Information

Name:

Address:

Phone Number: Mobile:

Other:

E-mail address:

Age:

Years Served by MORC:

Diagnosis:

Guardian Name:

Guardian Phone Number: Mobile:

Other:

Guardian E-mail address:

DOLLAR AMOUNT REQUESTED: \$

GRANT WILL FUND:

Does the prospective grantee live with family, in a licensed home, or independently in an apartment or other home?

Please describe the living circumstances.

What is the amount of monthly assistance remaining for personal items after expenses are paid?

What other resources can help with expenses? Have options through OT/PT been explored and exhausted? Has a formal quote or estimate been obtained?

Has a physician or other professional made a recommendation for the device or item requested?

Please provide any further detail you feel would be helpful to this grant request.

Submitted by: _____ **Phone number:** _____
(PLEASE PRINT)

Signature of individual served or legal representative, as applicable **Date**