



North Fork Women for Women Fund

Application for Health-related Financial Assistance

North Fork Women for Women Fund, Inc. is a 501(c)(3) community based not-for-profit organization that provides financial assistance for health related expenses to lesbians of the North Fork of Long Island, NY. The Grants Chair will contact you by phone to review your application before presenting it to the Board of Directors for their review. Applications generally take four to six weeks to process. Names are confidential throughout the process.

STEP 1. BASIC INFORMATION

TODAY'S DATE: _____

NAME: _____
LAST NAME FIRST NAME MIDDLE MI BIRTH DATE

EMAIL: _____

MAILING ADDRESS: _____
ADDRESS CITY STATE ZIP

PERMANENT RESIDENCE: [] SAME AS MAILING ADDRESS _____
ADDRESS CITY STATE ZIP

SEASONAL RESIDENCE: [] NOT APPLICABLE _____
ADDRESS CITY STATE ZIP

DAYTIME PHONE ALTERNATE PHONE BEST DAY OF WEEK AND TIME OF DAY TO CONTACT YOU

A. MEDICAL/DENTAL COVERAGE.

[] I HAVE NO MEDICAL/DENTAL COVERAGE

[] I HAVE MEDICAL INSURANCE: _____ \$ _____
NAME OF INSURER: ANNUAL DEDUCTIBLE

[] I HAVE DENTAL INSURANCE: _____ \$ _____
NAME OF INSURER: ANNUAL DEDUCTIBLE

B. TYPE OF GRANT YOU ARE REQUESTING:

1. [] HEALTH RELATED EXPENSES

2. [] LIFELINE MEDICAL ALERT - ONLY (SKIP TO SECTION H)

Lifeline applicants will be enrolled with a carrier approved by NFWFWF at no charge for installation and monthly charges.

C. REASON FOR GRANT REQUEST :

Please describe your situation; i.e.: medical condition(s) and necessary treatments.

D. DESCRIBE YOUR RELATIONSHIP, IF ANY, TO ANY MEMBERS, OFFICERS OR DONORS OF NFWFWF:

STEP 2. FINANCIAL INFORMATION

NFWFWF does not require formal documentation of your income or insurance coverage at this time. However the information you provide is important to us in considering your request.

E. DESCRIBE YOUR FINANCIAL NEED:

F. OTHER RESOURCES: List organizations you have contacted regarding funds you are requesting (ask about our Community Resource List):

NAME OF ORGANIZATION(S) AMOUNT REQUESTED
\$
\$

REASON YOU WERE NOT APPROVED: _____

G. ASSETS:

I RENT MY HOME I OWN MY HOME | MONTHLY INCOME: \$ _____ REGULAR MONTHLY EXPENSES: \$ _____

FINANCIAL STATEMENT:

ASSETS	LIABILITIES
REAL PROPERTY: \$ _____	MORTGAGE PAYMENT/RENT: \$ _____
BANK ACCOUNTS: \$ _____	HOME EQUITY LOAN: \$ _____
CHECKING: \$ _____	OTHER LOANS: \$ _____
CASH: \$ _____	CREDIT CARD DEBT: \$ _____
401K: \$ _____	OTHER: \$ _____
IRA: \$ _____	_____
ANNUITIES: \$ _____	
INVESTMENT ACCT: \$ _____	

H. GRANT AMOUNT:

List the amounts you are requesting (attach a current unpaid bill or estimate from the proposed health care provider for each amount listed).

TYPE OF BILL	AMOUNT	DOCUMENTATION
CO-PAYS	\$ _____	<input type="checkbox"/> UNPAID BILL <input type="checkbox"/> ESTIMATE
MEDICAL/DENTAL BILLS	\$ _____	<input type="checkbox"/> UNPAID BILL <input type="checkbox"/> ESTIMATE
MEDICAL EQUIPMENT	\$ _____	<input type="checkbox"/> UNPAID BILL <input type="checkbox"/> ESTIMATE
OTHER: DESCRIBE	\$ _____	<input type="checkbox"/> UNPAID BILL <input type="checkbox"/> ESTIMATE
TOTAL AMOUNT APPLIED FOR \$ _____		

I. PLAN FOR REIMBURSEMENT:

In consideration of future recipients please indicate how you would like to replenish or contribute to NFWFWF's resources. Check all that apply:

- By repayment of the grant amount.
- By making a tax-deductible donation.
- By serving as a volunteer or committee member.
- By contributing recipient's personal or business services. Specify: _____
- Make a bequest to NFWFWF.
- OTHER: _____
DESCRIBE

J. SIGN, DATE AND MAIL TO :

North Fork Women for Women Fund, Inc.
Grants Chair
P.O. Box 804, Greenport, NY 11944

I certify that the information provided in this application is accurate.

SIGNATURE DATE

DATE APPROVED BY THE BOARD GRANT ID

By law, grants of \$600.00 or more in any calendar year, must be reported to the IRS and a form 1099 indicating "miscellaneous income" issued to you. If your grant request is \$600.00 or more, please provide your social security number below:

SSN: _ _ _ - _ _ - _ _ _