

FAMILY GRANT APPLICATION FORM

Date:

Name of applicant:

Name of child/adult patient in family:

Address:

Contact phone numbers:

Home:

Mobile:

Name of specialist :

Funding request:

(Please give brief explanation of circumstances and amount of request)

Signature of applicant:

Each Family grant application is individually assessed by our staff and the request is approved/not approved by the Board at the next programmed Board meeting. This process may take up to 2 months from date of application. You will be contacted and notified as soon as the board has reached a decision. There is no guarantee that all applications will be granted. Should you have any questions please contact either the National Health Coordinator or the General Manager.

<p><i>Office Use Only</i></p> <p><i>Date Received:</i></p> <p><i>Approved/Not Approved:</i></p> <p><i>Date:</i></p> <p><i>Family notified by:</i></p> <p><i>Date:</i></p>	<p><i>Cheque number/details:</i></p>
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