



2705 Happy Joe Drive
Bettendorf, IA 52722

GRANT APPLICATION

The Happy Joe's Kids Foundation will assist any child regardless of age (birth to 18), race, color, sex or national origin to obtain an assistive device, other equipment, or services needed for the child through a valid 501(c)(3) organization; although we are a nonprofit organization dedicated to disabled and handicapped children.

We urge all children or organizations that help disabled or handicapped children to apply.

For Individuals –in addition to the application we request the following:

1. A letter from the child's physician stating disability.
2. A prescription from the child's physician on the equipment he/she is requesting.
3. A denial from your insurance company on equipment.
4. A denial from child's insurance company on equipment.
5. A denial from Medicaid or Medicare on equipment.
6. Most recent tax return for all household members.
7. Child's photo (color)
8. Copy of the child's birth certificate.
9. All questions **MUST BE ANSWERED.**
10. Application must be notarized; faxed applications will not be accepted.

PLEASE PRINT CLEARLY, BLACK or BLUE INK ONLY.

The Happy Joe's Kids Foundation is a National Organization, and as such has the ability to reach out and help children from all parts of the United States. Donations are welcome.

The Happy Joe's Kids Foundation reserves the right to request more information before appropriating the equipment requested.

Please return application to the following address:

Happy Joe's Support Center
Attn: Happy Joe's Kids
2705 Happy Joe Drive
Bettendorf, IA 52722



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Organization working with the child

Organization's Name _____

Address _____ Email: _____

City _____ State _____ Zip _____

Phone # () _____

Are you a 501(c)(3)? _____

If yes, what is your 501(c)(3) tax number? _____

Child's Information Only

Name _____
Last First Middle

Nickname _____ DOB _____ Height _____ Weight _____

City _____ State _____ Zip _____ +4 _____

Tel# () _____ Cell # () _____

Child's SS # _____ Child's Income Monthly \$ _____

Child's Grade _____ Grade Average _____ U.S. Citizen _____
YES NO

Child's Physician _____

Address _____

City _____ State _____ Zip _____ Tel # () _____

Is the child adopted? _____ Foster? _____ Court appointed Guardian? _____

Please supply legal documents if any of the above is yes.

Child's information continued

Child's Disabilities associated with equipment requested,

Equipment Requesting per Doctors prescription.

How long has child been disabled?

Parent's Information Only

Mothers Name

Last

First

Middle

Address

Email

City

State

Zip

Phone # ()

Home Phone ()

Cell # ()

Employer

Address

City

State

Zip

Phone # ()

Insurance Co

Policy #

DOB

Are you the legal Parent?

Weekly Income \$

Fathers Name

Last

First

Middle

Address

Email

City

State

Zip

Phone # ()

Home Phone ()

Cell # ()

Employer

Address

City

State

Zip

Phone # ()

Insurance Co

Policy #

DOB

Are you the legal Parent?

Weekly Income \$

Are Parents Married?

How Long?

Parents Divorced?

When?

Parent's information continued

Financials

Expense Monthly
Rent/Mortgage _____
Utilities _____
Food _____
Insurance _____
Auto _____
Medical _____
Misc. _____
Education _____
Daycare _____

Monthly Income
Salary Mother _____ (gross)
Salary Father _____ (gross)
Section 8 _____
Food Stamps _____
Child Support _____
Alimony _____
Investments _____
Disability _____
Misc Income _____

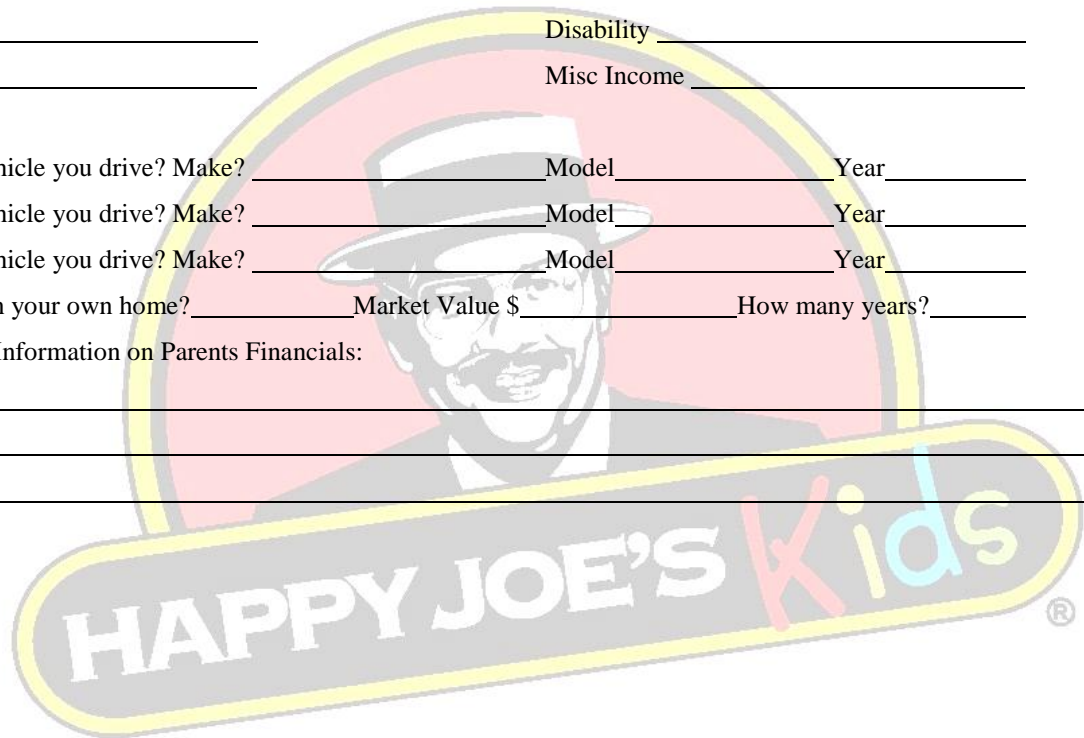
Type of Vehicle you drive? Make? _____ Model _____ Year _____

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Type of Vehicle you drive? Make? _____ Model _____ Year _____

Do you own your own home? _____ Market Value \$ _____ How many years? _____

Additional Information on Parents Financials:





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For Organizations Only that are applying for the Grant

Organization's Name _____

Address _____ Email _____

City _____ State _____ Zip _____

Phone # () _____ Email address: _____

Are you a 501(c)(3)? _____

If yes, what is your 501(c)(3) tax number? _____

President of Organization _____

List of your Board of Directors _____

Mission Statement _____

Age group you work with _____ How many patients/ recipients do you work with _____

Number of employees _____

Annual Income of facility/organization \$ _____

Total Cost of Project requesting funding for? _____ % of funds currently available? _____

For Individuals and Organizations

Justification of Grant Request: Provide Information about the assistive device, other equipment, or services needed for the child/ organization to demonstrate how the funds would be used. (Please be as specific as possible.)

Organization information continued

Special Circumstances: Provide information on whether you have insurance to cover the cost of the assistive device or rehabilitation service. Do you have insurance, have you been denied, or will your insurance cover part of the cost? (Please be specific as possible and provide the needed forms.)

Previous Grants: Has the Child/Organization named in this application received a Grant from the Happy Joe's Kids Foundation in the past? If so, please list the amount of every grant, purpose of the grant(s), and the year(s) received. (Example: \$500 for wheelchair 2007, and \$250 for eyeglasses 2012.)

CERTIFICATIONS:

I certify that this application is true and accurate to the best of my knowledge:

Signature Applicant (Organization or Child)

Date

Printed Name

Signature of Parent

Date

Printed Name

Signature of Parent

Date

Printed Name

Signature of Organization representing child

Date

Printed Name

Note: Incomplete application (application without parent/ guardian signatures), or applications missing healthcare professional information, or applications without representation from a 501(c)(3) organization will not be considered.