



GRANT APPLICATION

Name of Applicant _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Age _____ Sex _____

Marital Status _____ Family living in household: _____

Nature of Disability _____

_____ Date of Injury _____

Physician Prognosis _____

Attending Physician _____ Phone # _____

Address _____

Institution (s) Providing Care (past & present) _____

Other Physical Problems _____

Treatment/Equipment You Request (Please include 2 written bids for equipment or vehicle request and prescription from physician or therapist for equipment, prosthetic, orthotics, etc)

Length of Time (equipment) (rental or purchase) needed

Estimated Cost

Do you have a case manager at Texas Workforce Solutions (TWS)/Vocational Rehab Services(VRS)?

Yes No (Circle)

If so – please indicate the name of the counselor and the date you contacted them.

If not – please contact TWS/VRS and indicate whether or not they will be able to assist in the provision of services you are requesting. The TWS number is 806-372-5521.

Are you receiving assistance from any other service or organization?

(Example: Texas Panhandle Centers, Department of Health and Human Services, Panhandle Independent Living Center, etc.)

Yes No (Circle)

What type of service/funds?

Type of Residence you are living in

Closest Responsible Person(s)

What Are Your Goals?

Is there anything else you want us to know?

FINANCIAL INFORMATION

Income:

Household Wages	\$ _____
Unemployment Payments	\$ _____
Public Assistance	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Retirement Income	\$ _____
Other Income (Itemized)	\$ _____
TOTAL	\$ _____

Expenses:

Rent or Mortgage Payment	\$ _____
Medical	\$ _____
Car Payment	\$ _____
Other Expenses (insurance, interest, alimony, child support, gasoline, etc.)	\$ _____
TOTAL	\$ _____

Assets:

Approximate value of home & other real estate	\$ _____
Approximate value of automobile(s)	\$ _____
Total money in checking & savings accounts	\$ _____
Other assets	\$ _____
TOTAL	\$ _____

Liabilities:

Debts (secured & unsecured)	\$ _____
Other liabilities (accounts, credit cards)	\$ _____
TOTAL	\$ _____

DID YOU FILE AN INCOME TAX RETURN FOR THE PREVIOUS YEAR? Yes _____ No
If "yes" please attach a copy of your complete tax return.

Date

Signature

Authorization, Consent, Release, and Waiver

I do hereby authorize the Second Chance Foundation and its representatives to consult with any individuals and organizations who have been associated with me, or who may have information bearing on my financial status and this application. I do hereby authorize and consent to the inspection by the Second Chance Foundation and its representatives of all records and documents, **including a credit report**, which may be material to an evaluation of my application. I do hereby expressly authorize and consent to the release of information from all individuals and organizations having any information bearing on my application and financial status. In consideration of the Second Chance Foundation processing, reviewing, and evaluating my application for financial assistance, I do hereby expressly **RELEASE FROM ANY LIABILITY AND DO HEREBY WAIVE ANY CLAIMS OR CAUSES OF ACTION I MAY HAVE AGAINST** the Second Chance Foundation, its Directors, Officers, employees, agents, and representatives for their acts performed in good faith and without malice in connection with processing, reviewing, evaluating, and taking action on my application. Further, and for the same consideration, I do hereby expressly **RELEASE FROM ANY LIABILITY** all individuals and organizations who provide information to the Second Chance Foundation and its representatives, including otherwise privileged or confidential information, in good faith and without malice concerning my application. Finally, I do hereby authorize the Second Chance Foundation and its representatives and do hereby consent to their release and provision of my application and all accompanying documents, the information contained in any of same, and any information independently developed and obtained by them to any other individuals and organizations providing financial assistance programs similar to that of the Second Chance Foundation.

Agreement to Cooperate

In making this request for financial aid from the Second Chance Foundation, I do hereby expressly agree to cooperate with the Foundation and its authorized representatives in providing the information sought in its application forms, including supporting data, references, and documentation and the updating of such material as may be warranted by the passage of time or change of circumstances. And I do understand and agree that my failure or refusal to cooperate in these respects or any of them shall be sufficient cause for rejection or denial of my request for financial aid. The personal appearance of applicant before the Board of Directors may be requested.

Certification

I do hereby declare and certify that the information contained in this document and any attachments and supporting data supplied by me in connection herewith is true and correct to the best of my knowledge and belief and that I am familiar with the contents of the above "Authorization, Consent, Release, and Waiver" and "Agreement to Cooperate."

Date

Signature