



# Financial Assistance Program

## Application for Assistance

Complete and return the application along with the required supporting documentation to the Joseph Thomas Foundation.

To be eligible for consideration for assistance, applicants must be providing care of a medically fragile child or child with special needs with a mental or physical impairment that substantially limits one or more major life activities, who is between the ages of birth to 21 years old or graduation of high school, whichever is first, resides within our current coverage area. The impairment may be congenital or acquired by accident, injury, or disease. Applications are approved by the Foundation's Board of Trustees. Funds will not be awarded to cover the cost of goods purchased or services performed prior to the application. Applications that do not meet the criteria or that have not provided the required support documentation will be denied.

All applicants will receive notice of approval or denial of the application in writing. JTF staff is available to answer questions and may be contacted by phone: 325-704-1129 or Email to [Perry@JosephThomasFoundation.Org](mailto:Perry@JosephThomasFoundation.Org) or [Lauren@JosephThomasFoundation.Org](mailto:Lauren@JosephThomasFoundation.Org)

### **Applicant Information**

Contact Name:
Patient Name:
Relation to Child:
Street Address City, State, Zip:
Phone Number:

### **Types of disability the requested item(s) will be serving:**

- Intellectual Disability or Developmental Disability
  - Brain Injury
  - Orthopedic Impairment
  - Other; specify: \_\_\_\_\_
- Diagnosis: \_\_\_\_\_

### **Assistance Requested (check one)**

- Medical/Dental Care or Equipment
- Rehabilitation Training, Services or Devices
- Supplemental Education Assistance

- Personal Goods and Services
- Transportation Assistance
- Other; specify: \_\_\_\_\_

**Briefly describe child/student/population condition and/or diagnosis:**

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**Describe the item, equipment, or support that is being requested, be as specific as possible:**

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**Amount Requested:** \$ \_\_\_\_\_

\*Note: an invoice from the vendor is required for a complete application.

**What resources have been used prior to applying for the Financial Assistance Program, for the requested amount?**

- None
- Medicaid Denial / Appeal Process
- Local Grants
- Community Foundation
- Allotted Budgets
- Other; specify: \_\_\_\_\_

**Have you referred the families you serve to the Joseph Thomas Foundation? If so, when?**

Yes No When: \_\_\_\_\_

**If awarded, will you/your business be willing to allow JTF staff to present your awarded items during a scheduled time with media present?**

Yes No

**Application Checklist**

- Completed Application (4 pages)
- Vendor Invoice
- Copy of valid ID

\_\_\_ Letter of Need

**Authorizations**

\_\_\_ I give permission for Joseph Thomas Foundation to use the applicant's photographs for promotion purposes, advertising, and fundraising efforts. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reasons of such use.

\_\_\_ I do not give permission for Joseph Thomas Foundation to use any photographs of applicant.

I certify the information I have stated, and all supporting documentation is true and correct and that all the household income is reported. Deliberate misrepresentation of information may subject me to denial of assistance or services. If assistance or service is provided and later determined that I misrepresented information, I may be required to reimburse Joseph Thomas Foundation the funds received. I understand all information will remain as private as possible within these entities. I give Joseph Thomas Foundation to contact the physician and/or therapist listed regarding this request.

I have read, understand, and agree to the policies and requirements as stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature (if applicable)

\_\_\_\_\_  
Relation to Recipient

Turn in all documents to Joseph Thomas Foundation:

By mail:        Joseph Thomas Foundation  
                  P.O. Box 6042  
                  Abilene, TX 79608

In Person:     1433 S 14<sup>th</sup> St.  
                  Abilene, Texas 79602  
                  Monday-Friday 9 AM-4 PM

By Email:      [Perry@josephthomasfoundation.org](mailto:Perry@josephthomasfoundation.org)  
                  [Lauren@josephthomasfoundation.org](mailto:Lauren@josephthomasfoundation.org)

## Helpful Tips for applying for the FAP:

1. Submit a legible and complete application. Do not leave any spaces blank.
2. Do not submit photos of the application. Scan, mail or hand deliver
  - a. Hint: iPhone users can scan from phone
    - Open Notes
    - Start a new note
    - Click the camera
    - Click "Scan document"
    - Click "Keep Scan"
    - Click "Save"
    - Click "Done" in top right corner
    - Click three dots in top right corner
    - Select "Send a Copy"
    - Email directly to [perry@josephthomasfoundation.org](mailto:perry@josephthomasfoundation.org) or [lauren@josephthomasfoundation.org](mailto:lauren@josephthomasfoundation.org)
3. Letter of Need:
  - a. Must be written by a professional, community member, or company management.
  - b. Explain why the requested item will help the child/population you serve, why financial assistance is needed, and explain the challenges you have faced trying to get the item requested.
4. **DOUBLE CHECK DATES!** All letters, request, forms, paperwork dated past **6 months** from the day the application is submitted will not be accepted.
5. A phone interview will be conducted with the applicant prior to submission to JTF Board of Directors. JTF will attempt to make contact twice. If no return call within 15 business days, the application will be denied.
6. Please allow 7-14 business days for a decision to be made regarding the application for assistance once a completed application and the required documents are received.