



## **NEIGHBORHEART QUALITY OF LIFE GRANT TERMS AND CONDITIONS**

Through NeighborHeart's Quality of Life Grant program, families that care for children and adults with autism and other special needs may receive funding to offset their financial burdens. These grants provide families with funds that may be used for a wide variety of supports related to their family member.

### **Application Submission**

In order for an application to be considered for a Quality of Life Grant, an applicant must:

- Have an individual with a diagnosed developmental disorder or disability living at home.
- Live in the Mid-Atlantic Region of the United States (i.e., Virginia, Washington D.C., Maryland, Delaware, Pennsylvania, New Jersey and New York only).
- Submit a legible and complete application via the NeighborHeart website or via the United States Postal Service (US Mail). If an application is submitted via the NeighborHeart website supporting documentation must be sent via the US Mail (and marked with the Confirmation Number provided upon submission of application). All packages sent via US Mail must be postmarked by November 1, 2008 and have the proper postage. NeighborHeart will not accept any COD packages.
- Submit evidence of diagnosis from a doctor, therapist or school on their letterhead.
- Submit 2007 Federal Tax Return or Proof of Income letter from the Social Security Administration.
- Not have received a NeighborHeart Quality of Life grant in 2007.

### **Grant Amounts**

Quality of Life Grants will be for \$500 per approved individual with a diagnosed special need. Due to the overwhelming need, we cannot not accept requests of over \$500.

### **Grant Requests**

You may apply to use the money for anything that improves your family's quality of life. This may include (but is not limited to) the following uses:

- |                        |                         |  |
|------------------------|-------------------------|--|
| • Remediation          | • Security Improvements | • Educational Training and Seminars        |
| • Occupational Therapy | • Medical Travel        | • Vision Services                          |
| • Physical Therapy     | • Respite Care          | • Other Medical Services                   |
| • Speech Therapy       | • Membership Fees       | • Anything else to improve quality of life |
| • Equine Therapy       | • Registration Fees     |  |
| • Behavior Therapy     | • Educational Advocacy  |  |

### **Distribution Criteria**

Grants will be distributed by December 31st, 2008 and will be distributed to families based on the following factors:

- Order in which application received (i.e., date and time stamp of online submission and/or of mail package)
- Income Level and/or Financial Necessity
- The number of grants distributed will be limited to the funds available at the time of issuance.

### **Notification Procedures**

NeighborHeart will only notify families that are grant recipients. NeighborHeart would prefer to set aside the money used for mailings and provide that money to families in need.

Application status, however, will be available on the NeighborHeart website using the username and password provided on the application. If immediate access to a computer and the Internet is not available, NeighborHeart recommends visiting a local library or asking a service provider (social worker, doctor, therapist, teacher, etc.) or friend for assistance.

Since NeighborHeart is a 100%-volunteer organization, we are not staffed to accept questions regarding the status of individual applications.

### **Application Process**

To apply for funds, please complete the enclosed application form and return it to:

NeighborHeart  
PO Box 716  
Richboro, PA 18954

You are invited to explain any special circumstance regarding your need that may not be evident by completing the form.

Applications must be postmarked by November 1, 2008.

### **Thank You Notes**

We request that you send a note of thanks explaining how the funds were helpful to you. These notes are very important to let the organization and the donors know how beneficial these funds are to families. If we use your letter on our website or any other publicly viewable medium, we will remove any personal information in order to protect your privacy.

### **Questions**

If you have any questions regarding this application, please email us at [info@neighborheart.org](mailto:info@neighborheart.org).



## QUALITY OF LIFE GRANT APPLICATION

*Please print legibly. Any application that is incomplete and cannot be clearly read will not be accepted.*

### PARENT OR GUARDIAN INFORMATION:

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### HOUSEHOLD INFORMATION:

Number of people (including children and adults) currently living in your home: \_\_\_\_\_

Check the box below that reflects your total household income for 2007.

Less than \$25,000       \$25,001 - \$30,000       \$30,001 - \$35,000

\$35,001 - \$40,000       \$40,001 - \$45,000       \$45,001 - \$50,000

\$50,001 - \$55,000       \$55,001 - \$60,000       More than \$60,000

### SOCIAL WORKER INFORMATION:

If you are a social worker submitting this information on behalf of a family, please provide your information below:

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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### INFORMATION ON PERSON(S) WITH SPECIAL NEED:

Please submit only one application per household. If there are multiple people per household with a disability, please provide their information here. Be sure to include documentation for each individual. Use additional paper when needed.

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

AGE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

AGE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

AGE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

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