

Applicant's Name: _____

**APPLICATION
SPECIAL GRANT PROGRAM
BENEVOLENT AND PROTECTIVE ORDER OF ELKS**

**Texas Elks Children's Services
1963 FM 1586
Gonzales, Texas 78629-9613
Telephone 830-875-2425**

SECTION I:

ALL QUESTIONS MUST BE ANSWERED PLEASE TYPE OR PRINT CLEARLY

If a question does not pertain to your child, please write "NA".

Applicant's Date of Birth _____ Applicant's Social Security Number _____

Last Name	First Name	Middle Name	Sex	Age
_____	_____	_____	_____	(____)

Mailing Address	City	State	Zip	Home Phone
_____	_____	_____	_____	_____

Custody Status (please check) Both Parents Father Mother Other: _____

Guardian's Name	Address	City/State/Zip	Day Phone	Night Phone
_____	_____	_____	(____)	(____)

Father's Name	Address	City/State/Zip	Day Phone	Night Phone
_____	_____	_____	(____)	(____)

Mother's Name	Address	City/State/Zip	Day Phone	Night Phone
_____	_____	_____	(____)	(____)

Father's Place of Employment: _____

Mother's Place of Employment: _____

Guardian's Place of Employment: _____

Name, Address and Telephone Number of Child's School, Rehabilitation Program, and/or other agency assisting the child: _____

How did you hear about this grant? _____

Applicant's Name: _____

Section II

The questions below will assist us in fully evaluating your grant application.

Estimated annual income: _____ Less than \$20,000 _____ \$20,000-\$40,000 _____ \$40,000-\$60,000
_____ \$60,000-\$80,000 _____ \$80,000-\$100,000 _____ Over \$100,000

Number of members in the household? _____

Other information concerning your financial status which would assist the Lodge in evaluating your application: _____

SECTION III

Insurance Coverage:

Is your child is currently covered by private or public insurance? _____ yes _____ no

List the company or agency providing insurance coverage:

Name	Address	City/State/Zip	Telephone	Fax Number
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What percent of the cost of the prosthetic device will insurance (or other agency) cover? _____ %

Have all insurance benefits been exhausted? _____ yes _____ no

SECTION IV

Prosthetic Device Requested:

Please describe in detail the specific device requested: _____

Do you have a preferred vendor for this equipment? _____ yes _____ no

Applicant's Name: _____

If **yes**, please provide the following:

Name of Company: _____

Address: _____ Telephone _____ Fax _____

Contact Person: _____

Estimated cost of device: \$ _____

Are you requesting the full amount? _____ yes _____ no

If **yes**, have other agencies or organizations been contacted for assistance prior to contacting the Texas

Elks? _____ yes _____ no.

If **yes**, please specify which agencies/organizations _____

If you **have** contacted other agencies or organizations for assistance in purchasing the device, please list that agency or organization.

Name of agency or organization: _____

Amount of participation: \$ _____

Applicant's Name: _____

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SECTION V

A physician or other professional person having knowledge concerning the request for an assistive device must complete the following information:

Name and Title of person completing this form:

Name: _____

Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Please specify the device requested: _____

Why is this particular device being requested: _____

Please describe the child's functional limits and a statement as to how this device will

improve the child's limitations. _____

Vendor Recommendation: Do you recommend a preferred vendor for the device?

_____ yes _____ no. If yes, please provide the information on the following page:

Applicant's Name: _____

Name of Vendor: _____

Contact Person: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Please include any additional information, which will assist us in evaluating this application. _____

Signature

Title

Date

Applicant's Name: _____

SECTION VI

Parent/Child Information

If the child is of sufficient age and is able to, he/she should complete the following. If not, the parent(s) or guardian may complete this section.

Why do you believe you need this device: _____

How will this device help you live a more complete life? _____

What goals have you set for your life? _____

The following is to be completed by the parent or guardian:

Please describe your child's current condition, prognosis for the future, and the short-term and long-term goals you have for your child. _____

Specifically, how will this device improve your child's quality of life? _____

Applicant's Name: _____

If this grant is approved, do you agree to participate in a follow-up evaluation that will be conducted in 6 months and at one year. _____ yes _____ no

(This evaluation is designed to measure the results of this grant, and the impact that it has had on the life of your child.)

Is there any other information you can provide which will assist the Lodge as we consider your request? _____

Signature of the Child

Date

Signature of the Parent/Guardian

Date

Applicant's Name: _____

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ELKS LODGE APPROVAL FORM

Please call the Texas Elks Children Service's, Inc. (830-875-2425) if you need help in locating the nearest Elk Lodge. A copy of this form will be returned to the Lodge with appropriate approval marked below.

Applications must be submitted to the Lodge nearest your residence. Call the local Elks Lodge for an appointment to present your application.

CERTIFICATION

The BPO Elks Lodge No. _____ located at _____

Telephone no. _____ has studied the attached application and certifies it meets the grant criteria. We are forwarding this application for _____
(Applicant's name)

to Texas Elks Children's Services, Inc. for final processing, ordering and payment.

1.) Type of prosthetic device approved: _____

2.) Suggested Vendor:

Company Name: _____

Address: _____

Telephone No.: _____ Fax Number: _____

Contact Person: _____

3.) Total amount of Grant approved: \$_____

We the undersigned, by our signatures, acknowledge the correctness of all the above stated information.

Exalted Ruler: _____ Date: _____

Chairperson of Grant Committee: _____ Date: _____

Applicant's Name: _____

Please address all correspondence concerning this grant to:

Lodge Representative: _____

Address: _____

Telephone: _____
(Home) (Office) (Fax)

FOR TECSI OFFICE USE ONLY:

Grantee's Name: _____

Address: _____

Date received from Lodge: _____

Date device ordered: _____ Ordered by: _____

Purchased from: _____

Address: _____

Date of payment: _____ Check # _____ Amount: \$ _____

Copies of Warranties/Guarantees attached: _____

Date of Notification to the Lodge: _____

Disposition: _____
