

Charles F. Fischer Society for Crippled Children, Inc.

Request for Funds for Individuals

Name: _____
(Person for whom funds are requested)

DOB: ____/____/____

County of Residence: _____

Medical Diagnosis (if applicable): _____

Person making request: _____

Contact Information (name): _____

Address: _____

Phone: (____) ____ - _____

E-mail: _____

Funding Sources Exhausted

- Clinton County Children with Special Needs
- St. Vincent de Paul
- Clinton County Job & Family Services
- Community Action
- Medicaid
- Children with Medical Handicaps (CMH)
- Local Churches
- Clinton County Board of Developmental Disabilities
- Others: _____

Amount requested: \$ _____

Date of request: ____/____/____

Will this expense be: Onetime Recurring

Request (describe what the money will be used for):

My signature verifies that the information contained in this application is true to the best of my knowledge. By signing I consent for the Charlie Fischer Board to reach out to funding sources exhausted to obtain additional information about grant request(s). By signing I also consent for the information in this application to be reviewed and discussed by the Charlie Fischer Board.

Signature

Date

Submit request to: Charles F. Fischer Society for Crippled Children, Inc.
c/o Clinton County Health Department
111 S. Nelson Ave., Suite 1 Wilmington, OH 45177

Approved Not approved Amount Approved: \$ _____

Comments: _____

Authorized Charles F. Fischer Fund for Children signature

Date