

Charles F. Fischer Society for Crippled Children, Inc.

Request for Funds

2026 Deadlines
August 17 (for August 25 meeting)
November 9 (for November 17 meeting)

Name: (Person for whom funds are requested)
DOB:
County of Residence:
Medical Diagnosis (if applicable):
Person/agency making request:
Contact Information (name):
Address:
Phone:
E-mail:

Funding Sources Exhausted

Please attach any supporting documents showing medical necessity, insurance processing, or funding exhausted.

- St. Vincent de Paul
Clinton County Job & Family Services Community Action
Medicaid (with proof of denial)
Local Churches
Children with Medical Handicaps (CMH)
Clinton County Board of Developmental Disabilities
Other funding sources exhausted:

Amount requested: \$
Date of request:

Will this expense be: Onetime Recurring

-Detailed Request (What is needed and where is it purchased?):

-How does this purchase help with the medical, dental, optical, or mental health of the applicant?

Reminder: Attach supporting documents showing medical necessity, insurance processing, or funding exhausted.

My signature verifies that the information contained in this application is true and accurate to the best of my knowledge. By signing, I authorize the Charlie Fischer Committee to contact funding sources previously approached to obtain additional information regarding my grant request(s). I understand that submission of this application does not guarantee funding and that all applications are reviewed at the next quarterly meeting. Applications must be submitted no later than 12:00 p.m. (noon) on the Monday prior to a scheduled meeting to be considered; otherwise, they will be reviewed at the following quarterly meeting. By signing, I also consent to the review and discussion of the information in this application by the Charlie Fischer Committee.

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: \$

Authorized Charles F. Fischer Fund for Children signature Date