

Applicant's Name:

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

ATTENTION: Applications must be submitted to the Lodge nearest your residence. Please call Texas Elks Children's Services, Inc. (830) 875-2425 if you need help in locating the nearest Elks Lodge.

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 equipment/specialized service will insurance (or other agency) cover? %

Have all insurance benefits been exhausted? yes no

SECTION IV

Equipment/Specialized Service Requested:

Please describe in detail the specific equipment/specialized service requested:

Do you have a preferred vendor/company for this equipment/specialized service? Yes No

Applicant's Name:

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

Name of Company/Vendor:

Address:

Telephone

Fax

Contact Person:

Estimated cost of equipment/specialized service: \$

Are you requesting the full amount? Yes No

If **YES**, have other agencies or charities, non- profit organizations, Go Fund Me Accounts, or any other financial resource 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.

1. Name of agency or organization:

Amount of participation: \$

2. Name of agency or organization:

Amount of participation: \$

Applicant's Name:

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SECTION V

This section **MUST** be completed by a physician, therapist or other medical professional person having knowledge concerning the request for equipment/specialized service.

Name and Title of person completing this form:

Name:

Title:

Address:

Telephone Number:

Fax Number:

Please specify the equipment/specialized service requested:

Why is this particular equipment/specialized service being requested:

Please describe the child's current functional limitations without the equipment/specialized service **AND** a statement as to how this equipment/specialized service will improve the child's overall quality of life.

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

Approved application must be submitted for processing to:

**Texas Elks Children's Services, Inc.
1963 F.M. 1586
Gonzales, TX, 78629**

**email address: txelks@gvec.net
Fax #: (830) 875-5455**

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: