

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 _____ Date Grant Application Completed _____

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: _____

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 device or service will insurance (or other agency) cover? _____ %

Have all insurance benefits been exhausted? _____ yes _____ no

Applicant's Name: _____

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

SECTION IV

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

Name and Title of person completing this form:

Name: _____

Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Please specify the device or service requested: _____

Why is this particular device or service being requested? _____

Please describe the child's functional limits and a statement as to how this device or service will improve the child's limitations.

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

_____ 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: _____

Estimated Cost of Device or Service: \$ _____

Are you requesting the full amount? _____yes _____no

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

Signature

Title

Date

Applicant's Name: _____

SECTION V

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 or service? _____

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

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

Please describe your child's current condition and prognosis for the future.

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

Applicant's Name: _____

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: _____

**THESE PAGES TO BE FILLED OUT BY
ELKS LODGE AND TECSI STAFF ONLY.**

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 device or service 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: _____

Date of Lodge Meeting Where Grant Was Approved: _____

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 or service ordered: _____ Ordered by: _____

Purchased from: _____

Address: _____

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

Copies of Warranties/Guarantees attached: _____

Date of Notification to the Lodge: _____

Disposition: _____
