

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](mailto: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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_