

Euro-Pēds Foundation Grant Application Process

Thank you for your interest in applying for a Euro-Pēds Foundation Grant. The program offers aid to families who need financial assistance in paying for their child's therapy at Euro-Pēds® National Center for Intensive Pediatric PT; or the travel costs associated with the therapy. Euro-Pēds® is a specialized pediatric physical therapy clinic which provides individualized, intensive physical therapy for children with cerebral palsy, TBI, developmental delays, and other neuromuscular disorders.

Grants are based on funds available and are limited to one of each grant (treatment and travel) per child each calendar year.

Eligibility for the Euro-Pēds Foundation Grant

The decision to approve a family for the Euro-Pēds Foundation Grant is based on a number of eligibility criteria. These criteria include:

- 1) *Clinic Approval* - Approved for the Euro-Pēds Intensive PT Program
- 2) *Available Funds* - The amount of funding that the Euro-Pēds Foundation currently has available for the Grant Program.
- 3) *Parent/Guardian Involvement* - Evidence of parent/guardian commitment to helping the child and raising funds.
- 4) *Financial Need* - Information provided by the family demonstrating the necessity for financial assistance. We recognize that financial need varies for each family and take several factors into consideration to determine final award amounts.

Applying for the Euro-Pēds Foundation Grant

To apply for a grant, please **complete all of the necessary documentation**. This includes the Grant Application, Travel Expense form, Medical Information Release, Marketing Consent, Media Release and Media Information, Adopt-A-Euro-Kid Agreement, and Submission Checklist.

***If your application is not fully completed with all requested information, it will not be processed.**

Please return to:

Email: info@europedsfoundation.org
Fax: 248-857-7102
Phone: 844-EURO-PEDS

The Euro-Pēds Foundation
3000 Centerpoint Parkway
Pontiac, MI 48341

Grant applications must be received by the Euro-Pēds Foundation **at least 4 weeks prior to the start of therapy**. Grants will only be awarded once a treatment date is set at Euro-Pēds® to ensure that your child is a candidate for intensive physical therapy. Once a grant is awarded, it will be honored for up to six months from that date. If treatment is not attended within six months of grant approval, a new application must be submitted. The Euro-Pēds Foundation reserves the right to make changes to the grant amount should there be any changes in the out-of-pocket expenses associated with the Euro-Pēds® therapy. Please allow 2-4 weeks for determination.

Euro-Peds® Foundation Grant Application

The candidate's parent or legal guardian must complete this application in full before the Board of Director's grant committee will review the case. Please be sure to include all additional documents listed on the Grant Application Submission Checklist. All information submitted is confidential. For more information, please contact Michelle Haney at 1-844-EURO-PEDS (387-6733) or info@europedsfoundation.org.

Application Date: _____ **Euro-Peds® Session Dates:** _____

Candidate Information

Child's Name:		
Date of Birth:	Age:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Family Information

Mother's Name:		Primary Caretaker: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone:	Cell:	Email:	
Address:			
City:	State:	Zip:	County:
Place of Employment:		Occupation:	
Father's Name:		Primary Caretaker: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Phone:	Cell:	Email:	
Address:			
City:	State:	Zip:	County:
Place of Employment:		Occupation:	

Financial Information

We understand that financial information is personal and confidential and guarantee that it will not be shared with others.

Annual Household Income:		Total People in Household:
Health Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Out-of-Pocket Medical Expenses: (for candidate only, for the current calendar year)	
Insurance Company:		

Additional Assistance

Please list any grants/funds/financial assistance that you are currently receiving (grants from organizations, medical reimbursement, government, community, etc):

Clinical Information

Primary Clinical Diagnosis:			
Secondary Diagnosis:			
Referring Physician/Specialist:			
Address:			
City:	State:	Zip:	Phone:
Description/History of Candidate's Health Condition:			

Grant Request

We are seeking assistance from the Euro-Peds® Foundation for the following:

<input type="checkbox"/> Treatment Grant	Please report the Total Out-of-Pocket Expenses for Euro-Peds® Session: \$ _____.
<input type="checkbox"/> Travel Grant	Please report the Total Out-of-Pocket Expenses for Lodging/Hotel: *Please complete the Travel Expense Form detailing your total out-of-pocket expenses. \$ _____.

Please provide comments regarding your financial need for assistance from the Euro-Pēds Foundation. This may include any prior fundraising efforts in which you have engaged. Attach separate sheet if needed:

How did you hear about the Euro-Peds® Foundation?

Travel Expense Form

The Euro-Peds® Foundation prefers that money be sent directly to the service provider, and not directly to the recipient family. Please indicate the appropriate third party in each of the relevant categories.

Lodging/Hotel:		
Contact Name:		Contact Number:
Cost/Night:	Total Nights:	Total Cost:

If you are awarded a grant, please provide hotel invoice as soon as possible. If it is not possible to provide hotel invoice before paying for your stay, please submit hotel receipts as soon as possible.

Agreement to Participate in the Adopt A Euro-Kid Program (optional)

Because some families have greater needs than others, the Euro-Peds® Foundation isn't always able to award grants to cover the total amount of requested and needed funds. To help families beyond the treatment and travel grants, EPF has formed a program called *Adopt A Euro-Kid*, through which individuals, businesses, churches, etc. can choose to fulfill some or all of the needs for a specific child that has been approved EPF funds.

Once the Grant committee has approved your application, it decides, based on the request and the funds available, whether to place the request in the *Adopt A Euro-Kid* program. If approved for the *Adopt A Euro-Kid* Program, EPF will create a webpage detailing the child's story and need to help encourage donors to contribute to this need.

Should your request be fulfilled through the *Adopt A Euro-Kid* program, we request that you write a thank-you note to the groups who adopted your need and send it to the Euro-Peds® Foundation office for us to deliver to your donors.

- No thank you. I am not interested in the *Adopt A Euro-Kid* Program at this time.
- Yes, you may place my child's picture and story on the website and other social media sites. I understand that there are no guarantees that my child's request will be funded through this program. I also understand that participation in the *Adopt A Euro-Kid* program is NOT required in order to be eligible for a grant from the Euro-Peds® Foundation.
- I understand that I have NO claim to any funds raised on behalf of my child through the *Adopt A Euro-Kid* Program; and we have one year from the original Euro-Peds® session dates to apply these funds to any out-of-pocket medical or travel expenses.
- I understand that funds raised through the *Adopt A Euro-Kid* Program are administered at the discretion of the Euro-Peds Foundation Board; and they must be utilized within one year of the original Euro-Peds® session dates. All outstanding funds may be used to fund other grants or *Adopt A Euro-Kid* projects.

Signed: _____

Date: _____

Media Information (optional)

How You Can Help Us:

By providing the information below, you allow the Euro-Pēds Foundation to notify local media outlets in your area about your child's affiliation with the Euro-Pēds Foundation in order to publicize the opportunity for members of your community to donate to the program. This will help us continue to fund grants in the future. To assist us, please complete the list of local media outlets who you would recommend that we contact.

Television: Name of Station or Call Letters/City, State/Contact info

Radio: Name of Station or Call Letters/City, State/Contact info

Newspapers: Name of Newspaper/City, State/Contact info

Websites/Other:

Please send us copies of any articles that cover your child or fundraising for your visit. Thank you!

The Euro-Pēds Foundation
3000 Centerpoint Parkway
Pontiac, MI 48341
Fax: 248-857-7102
Email: info@europedsfoundation.org

Medical Information Release

This allows the Euro-Pēds Foundation and Euro-Pēds® National Center to discuss your child's medical information regarding anticipated benefit from treatment and progress during treatment.

I, _____, hereby give permission to Euro-Pēds® National Center to discuss my child's medical information and their opinions regarding treatment with the Euro-Peds Foundation. I understand that this information will be used solely for the purpose of making a determination on funding through the Grant Program, and will not be released to any other party for any reason.

Signed: _____

Date: _____

Marketing Consent Form

We occasionally like to show our supporters the pictures and stories of children they have helped. If you do NOT want your child's picture used outside of the application process with the Euro-Peds® Foundation, please let us know below.

- No, I do NOT want my child's picture/name/story used on the website, on social media sites, in the media, or in a Euro-Peds® Foundation newsletter.
- Yes, you MAY use my child's picture/first name/ story on the website, on social media sites, in the media, or in a Euro-Peds® Foundation newsletter.
- Yes, you may use my child's picture and story, but please change the name.
- Yes, you may use my child's name and story, but please do NOT use any pictures.

Signed: _____

Date: _____

Media Release

I, _____, hereby give permission to the Euro-Pēds Foundation and Euro-Pēds® National Center to inform local media outlets including newspapers, television, radio stations, websites, etc. of my child's involvement with the grant program and treatment through the Euro-Pēds National Center.

- NO, you do not have permission to contact local media regarding my child.

Signed: _____

Date: _____

Child's Name: _____

Euro-Peds® Foundation Grant Application

Submission Checklist

In addition to the Grant Application, the following documents **must** be submitted. An application will not be considered complete unless the Euro-Peds® Foundation has received all applicable items on this checklist. **Please make sure you have a completed application before submitting, as incomplete applications will not be considered.**

- Completed Euro-Peds® Foundation Grant Application form including all releases and consents.
- Evidence of the family's financial situation. Provide a document, written and signed by you, stating your lack of ability to pay and why. Include most recent Federal Income Tax return OR copies of past 3 check stubs OR copy of Medicaid approval letter for parent/guardian, etc.
- Consent to allow your child's picture, story and/or name on the Euro-Peds® Foundation website, on social media sites, in the newsletter or in the media. Note: Consent also allows your child's information to be used in our *Adopt A Euro-Kid* program.
- A photo of the child

I hereby certify that all above information submitted and the statements I have made are true, and agree that any false information, misrepresentation or omission of facts may result in the cancellation or immediate dismissal of my application and possible prosecution.

Signed: _____

Date: _____

Please return all documents to:

Email: info@europedsfoundation.org

Fax: 248-857-7102

The Euro-Peds Foundation
3000 Centerpoint Parkway
Pontiac, MI 48341

Phone: 844-EURO-PEDS