

Grand Care Application Form

Grand Care (GCARE) offers Arizona citizens who suffer from a “chronic disease” constituting a chronic health condition a one-time reimbursement of a medical care payment or co-payment.

The U.S. Centers for Disease Control defines chronic diseases as those conditions that exist for at least, but no less than, one calendar year and require ongoing medical attention or limited activities of daily living or both, including, but not limited to, Alzheimer’s Disease, Arthritis, Asthma, Cancer, Cardiovascular Disease, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Diabetes, and Stroke.

You can apply for reimbursement of up to \$100 of medical expense by filling out and returning this form along with a copy of your receipt for the expense for which you are seeking reimbursement.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

One-Time Medical Expense Requested Amount _____

Masonic Affiliation (Circle One) Yes _____ No _____

(Information for statistical purposes only. Applicant is not required to have Masonic affiliation to apply.)

If yes, list Arizona Masonic Lodge Name and No. _____

A receipt must be attached to apply. Please attach or enclose a copy of your health care payment receipt to this application and return it to **Attn: GCARE**, P.O. Box 64251, Tucson, Arizona 85728-4251.

Grand Care does not discriminate based on age, gender, sex orientation, race, ethnicity, nor financial status.



Applicant Certification:

I certify under penalty of perjury by signing below that (i) I suffer from a chronic health condition; (ii) that the related medical costs have created hardships impacting my daily living; (iii) these funds will help meet immediate and basic living needs; and (iv) all information contained in this application is accurate and complete to the best of my knowledge.

Print Name

Applicant’s Signature

Print Name

Signature of Parent, Guardian, or under
Conservatorship(if applicant is under 18)

Form GC-1 Date Received _____ Date Reviewed _____ Approved _____
Not Approved _____