



Empathy in Action Grant Application

Mission Statement: Enhance the quality of life of brain tumor patients and caregivers With INTentional Kindness and Support – no journey is traveled alone!

The Empathy in Action grant program provides financial assistance to brain tumor patients and caregivers with demonstrated financial need in accordance with WINKS' charitable purposes. **Patients and caregivers whose annual household income is less than 300% of the [Federal Poverty Guidelines](#) are eligible for assistance under this program.** WINKS awards grants of up to \$1000 per household. No more than one grant will be issued to the same household within a six-month period.

WINKS recognizes the extraordinary financial burden a brain tumor diagnosis can place on a family. To alleviate this burden, the Empathy in Action grant program provides support for ordinary and necessary living expenses, including rent, mortgage payments, utilities, maintenance, food, clothing, insurance, medical expenses, transportation, mobility, and support expenses. Patients and caregivers may apply regardless of whether a patient has health insurance.

Applications MUST be signed by the applicant (patient or caregiver) and a nurse navigator or social worker. **Incomplete applications will not be considered.******

Grant awards will be made on an ongoing basis, and patients and caregivers are encouraged to apply at any time. WINKS will award grants in alignment with its core values and without regard to race, religion, sex, sexual orientation, age, marital status, disability, gender identity, and without bias.

Any applicant who is selected to receive a grant will be required to submit supplemental documentation including copies of driver's licenses or state identification, copies of income sources, and copies of bank statements for the most recent three months. All grant awards will be conditioned on WINKS receiving supplemental documentation that is consistent with the information provided in the original application. Applicants will have thirty (30) days following the award to provide supplemental documentation. Grant awards will only be issued in the event that WINKS' designees, in their sole and absolute discretion, determine that the supplemental documentation is consistent with the application.

Please send completed application and consent form to WINKS, P.O. Box 5186, Suffolk, VA 23435, or email to support@winksbt.org.

WINKS is a qualified 501(c)(3) tax-exempt organization.



Empathy in Action Grant Application

Date of Application: _____

SECTION A – PATIENT’S PERSONAL INFORMATION

Name: _____	
Date of Birth: _____	Last 4 Digits of SSN: _____
Address _____	City, State, Zip: _____
Phone Number: _____	Email Address: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<input type="checkbox"/> Partnered (civil union or registered domestic partnership)	
Spouse’s Name: _____	Spouse’s Phone Number: _____
Emergency Contact Person: _____	Emergency Contact Phone: _____

SECTION B – APPLICANT’S PERSONAL INFORMATION (IF DIFFERENT FROM PATIENT)

Name: _____	Relationship to Patient: _____
Address: _____	City, State, Zip: _____
Phone Number: _____	Email Address: _____

SECTION C – EMPLOYMENT

Patient’s Employer: _____	Position: _____
Employer’s Address: _____	Employer’s Phone Number: _____
Spouse’s Employer: _____	Position: _____
Employer’s Address: _____	Employer’s Phone Number: _____

SECTION D - MEDICAL INFORMATION: ****Must be completed by Nurse Navigator or Social Worker Only. WINKS will contact nurse navigator or social worker to verify information.****

Name of Physician: _____	Primary Treatment Facility: _____	
Diagnosis: _____	Date of Diagnosis: _____	
Recurrence: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Under Treatment: <input type="checkbox"/> Yes or <input type="checkbox"/> No	Date of Last Treatment: _____
Type of Treatment Received: _____		
Type and Frequency of Follow-up Treatment: _____		
<input type="checkbox"/> Nurse Navigator <input type="checkbox"/> Social Worker Name: _____		
Phone Number: _____	Fax Number: _____	Email: _____
Signature of Nurse Navigator/Social Worker: _____		Date: _____

SECTION E - PURPOSE OF REQUEST

Please outline financial assistance needed, such as assistance with rent, mortgage payments, utilities, maintenance, food, clothing, insurance, medical expenses, transportation, mobility, or other support expenses.



Empathy in Action Grant Application

SECTION F - HOUSEHOLD MEMBERS: Please list all persons living in the patient’s household, including the patient.

Name	Age	Relationship	Income? Yes or No
1.			
2.			
3.			
4.			
5.			
6.			

SECTION G - MONTHLY HOUSEHOLD FINANCES: Give monthly income for the patient and all other household members. All requests must include sufficient documentation.

Monthly Household Gross Income (before deductions)		Monthly Household Expenses	
Wages/Self-Employment	\$	Rent/Mortgage	\$
Social Security/SSI (Supplemental Security Income)	\$	Utilities and Telephone	\$
Pension or Retirement	\$	Groceries/Food	\$
Alimony/Child Support	\$	Child/Dependent Care	\$
Disability – Veteran Administration, Social Security Disability, Short/Long-Term	\$	Transportation – Car Payment/Gas/Insurance	\$
Worker’s Compensation	\$	Out of pocket medical expenses	\$
Other – Public Assistance, Unemployment, etc.	\$	Other – Health Insurance, Child Support, etc.	\$
TOTAL MONTHLY GROSS INCOME	\$	TOTAL MONTHLY EXPENSE	\$
Other Resources/Investments – List			
Cash	\$	Stocks/Bonds	\$
Bank accounts	\$	Money Market	\$
		Mutual Funds	\$
		Other	\$
TOTAL RESOURCES/INVESTMENTS: \$			

SECTION H- PATIENT DEMOGRAPHIC INFORMATION: *Information in this section is used for statistical purposes only. Assistance is not contingent on providing this information.*

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other
Race:	<input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian/Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Other

SECTION I: APPLICANT’S SIGNATURE

I, _____ (Print Name), certify that all the information listed above is accurate and complete to the best of my knowledge. I also understand that deliberate misrepresentation of information may result in denial of assistance and/or services. If awarded a grant, I agree to provide supplemental documentation as requested.

Signature: _____ **Date:** _____



Empathy in Action Grant Application

CONSENT FORM

I _____ (Name) residing at _____

(Address) hereinafter referred to as I or my, hereby consent to the following:

1. WINKS has my expressed permission to discuss this application with any others deemed necessary to verify my information and/or identify additional sources of assistance. I understand that WINKS will endeavor to keep information as private as possible, but confidentiality is not guaranteed.

Signature

Date

2. WINKS has my expressed permission for the use of my story and/or image (last name will never be used). I understand that my image and/or story may be used in connection with all charitable fundraising efforts, including being published on websites promoting a charity event and or in press releases, articles, news stories, and or other related media. The right to my image and/or story is granted worldwide and in perpetuity, but only for use as set forth herein and not in any other manner. If I am not comfortable with the use of my story and/or image, I understand that I may inform WINKS in writing, and WINKS will refrain from using my story and/or image in marketing and fundraising efforts.

Signature

Date

3. If I am awarded a grant from WINKS, I certify, promise, and affirm that I will utilize such grant for the specified intended purposes thereof, and for no other purpose. I understand that this promise is a material condition of being awarded a grant.

Signature

Date