



## APPLICATION FOR AWARD

P.O. Box 10142  
Reno, NV 89510

The organization will not provide monetary awards directly to individuals and/or families. To be considered for an award, applicants must provide proof of a diagnosed intellectual or developmental disabilities. Individual applicants must meet HUD income guidelines, provide a copy of their last tax return and their last three paycheck stubs for **ALL** employed members of the family with their application. Mail completed applications to the address listed above. Incomplete applications will not be considered. For a full list of award criteria, please visit our website at [www.justinhope.org](http://www.justinhope.org).

Parent(s)/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Person's Name: \_\_\_\_\_ Child DOB: \_\_\_\_\_

Diagnosed Disability: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

Number of individuals in your household (for HUD income guidelines) \_\_\_\_\_

Requested Award (Please be specific): \_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Name of Provider/Supplier for Award: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Additional Info: \_\_\_\_\_

\*By signing below you agree to the following: I have read and understand your complete award criteria listed on Page 2 of this form and all information I have provided to you is correct to the best of my knowledge. The JUSTin HOPE Foundation can use first names and/or images of me, my family or my child on social media sites, brochures or other promotional materials to promote the Giving Awards Program. I release the JUSTin HOPE Foundation, including its directors, officers, employees, and consultants from all liability arising from the use of the photographs and no compensation will be paid for the use of the photographs. I also release the JUSTin HOPE Foundation including its directors, officers, employees, and consultants from any liability to myself, my family or my child resulting from an award given by the JUSTin HOPE Foundation.

Parent/Organization Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Awarded: Yes/No Date: \_\_\_\_\_



**For Families Only:**

Please verify and initial all of the following:

- \_\_\_\_\_ I meet the HUD household income guidelines listed below.
- \_\_\_\_\_ I have included proof of diagnosis.
- \_\_\_\_\_ I have included my latest tax return.
- \_\_\_\_\_ I have included my last three paycheck stubs.
- \_\_\_\_\_ I understand the process may take up to 60 days for a decision to be made.
- \_\_\_\_\_ If I'm approved I will submit via email a picture of the person receiving the award.

***The following is the list of our criteria:***

- The purpose of our awards will be to further our mission statement of providing support to children and families with an intellectual or developmental disability.
- All awards will be determined on a case-by-base basis.
- All awards will be subject to Board approval AND funds available.
- The number of awards given each year will depend on the funds available.
- Those responsible for the award selection will be the organization's Board of Directors. Determining awards made under our program is solely the responsibility of the Board.
- Meeting of criteria does not automatically result in an award.
- One award per household/organization per month will be accepted.
- One award per household/organization per 12-month period will be granted. If a recipient wishes to request another award, they will need to complete a separate application after one year and are subject to the same initial application criteria.
- Applicant will be notified by letter or phone call of the Board's decision within 60 days of receipt of their application.
- Any financial award will be a one-time payment made directly to the organization, provider of services or supplier.
- The Board will not award payment for ongoing treatment at this time.
- There is no age limit.
- Awards may be given to special education classes.
- The organization will not provide monetary awards directly to individuals and/or families. When appropriate, the organization will first seek out donations of services for families and/or individuals from community businesses and/or organizations. When donations of goods or services are not available or appropriate, the JUSTin HOPE Foundation will provide funds directly to the business and/or organizations that are the direct provider of services or supplies.
- Must show proof of diagnosis from a licensed mental health or medical professional (award options will also be considered for families on waiting lists for diagnosis).
- Copy of tax return and the last three paycheck stubs need to accompany the application for ALL employed members of a household. If unemployed, a copy of SSI statement must accompany the application.
- Applicants must meet HUD household income guidelines based on the number of individuals in the family:
  - 1-\$38,700
  - 2-\$44,200
  - 3-\$49,750
  - 4-\$55,250
  - 5-\$59,650
  - 6-\$64,100
  - 7-\$68,500
  - 8-\$72,950