



## ***Live Like Maddie Grant Application Form***

Application Date: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Relationship to Child In Need: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Address (if different from Applicant's): \_\_\_\_\_

Have you been referred to Live Like Maddie by a person or organization? YES / NO

If yes, please indicate the referral source: \_\_\_\_\_

Description of Item or Service Requested: \_\_\_\_\_

Cost of Item or Service Requested: \_\_\_\_\_

**(IMPORTANT: Vendor or DME quotes MUST be attached for application to be considered)**

Describe the benefit this Item or service will provide:

\_\_\_\_\_  
\_\_\_\_\_

Primary Insurance Co. name: \_\_\_\_\_

Secondary Insurance Co. name: \_\_\_\_\_

Is this item covered by insurance? \_\_\_\_\_ **If No, a copy of insurance denial is required.**

If partially covered by insurance, indicate expected insurance payment and attach EOB : \_\_\_\_\_

Please provide total household income: \_\_\_\_\_ (Salaries, Tips, Wages, SSI, etc.)

***Please attach copy of front page of latest Federal Tax Return indicating total AGI. SS# should be blacked out.***

Please list the name and amount of any government sponsored financial assistance or subsidies you or the child currently receive:

Allow 4 weeks for application review and response. Email application form and questions to [tmarmo@livelikemaddie.org](mailto:tmarmo@livelikemaddie.org)

**Please attach a picture of the child / applicant.** We may use this picture in promotion material / website to help with fundraising