

Final-Expense Assistance Application (ALS)

Important: This program provides final-expense assistance **only when the patient has passed due to ALS-related complications**. If approved, checks are made payable directly to funeral homes and related businesses (not to individuals).

Submission Email: corey@comicbooksforals.org

Required Attachment: Doctor's note listing **patient name** and **ALS diagnosis**

1) Patient Information (Deceased)

Patient Full Legal Name: _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Date of Death (MM/DD/YYYY): ____ / ____ / ____

City/State where patient lived: _____

City/State where patient passed: _____

Cause of death / note (brief):

ALS-related complications (required)

Additional notes (optional): _____

2) Applicant Information (Person Requesting Assistance)

Applicant Full Name: _____

Relationship to Patient (check one):

Spouse/Partner Parent Child Sibling Executor Family Representative Other:

Phone Number: _____ **Email:** _____

Mailing Address:

Street: _____

City: _____ State: _____ ZIP: _____

Preferred contact method: Phone Email

3) Authorization / Role Confirmation

Are you authorized to coordinate final arrangements or communicate with the funeral home/vendor(s)?

Yes No

If Yes, please specify your role (check all that apply):

Next of kin Executor Power of Attorney (prior) Funeral arranger Other:

Name of person listed on contract/invoice (if different from applicant):

4) Funeral Home / Vendor Information (Payment Recipient)

Primary Funeral Home Name: _____

Contact Person (if known): _____

Phone: _____ Email: _____

Business Address:

Street: _____

City: _____ State: _____ ZIP: _____

Invoice/Account/Case Number (if available): _____

Additional Vendors (if applicable)

(Example: cemetery, cremation provider, headstone/marker business)

Vendor #1 Name: _____

Service Type: _____ Invoice/Account #: _____

Phone/Email: _____

Vendor #2 Name: _____

Service Type: _____ Invoice/Account #: _____

Phone/Email: _____

5) Expenses & Assistance Request

Estimated Total Final Expenses: \$ _____

Amount Requested from Comic Books for ALS: \$ _____

(Subject to available funds and verification)

Brief description of what the assistance would cover:

Do you have an itemized invoice/statement from the funeral home/vendor(s)?

Yes (attach if available) Not yet No

Is there a deadline/date by which payment is needed?

No Yes — Date (MM/DD/YYYY): ____ / ____ / _____

Reason (optional): _____

6) Required Supporting Document Checklist

To be considered, you must include:

Doctor's note listing the patient's **full name** and **ALS diagnosis**

Optional (if available, not required):

Funeral home invoice/contract/statement

Vendor invoices/statements

7) Applicant Statement

By signing below, I certify that:

- The patient named above **passed due to ALS-related complications**
- The information provided is **true and complete** to the best of my knowledge
- I understand that any approved support will be paid **directly to the funeral home and/or related businesses**
- I understand that submitting this application **does not guarantee funding** and assistance depends on available funds

Applicant Signature: _____

Printed Name: _____

Date (MM/DD/YYYY): ____ / ____ / _____

8) Program Use Only (Leave Blank)

Application Received: ____ / ____ / _____

Reviewed By: _____

Status: Pending Approved Not Approved

Approved Amount: \$ _____

Payee(s): _____

Check # / Date Issued: _____

Notes: _____