

The Cleft Out Foundation

Helping Families Close the Financial Gap

8840 Blakeney Professional Drive | Suite 300
Charlotte, North Carolina 28277 USA
1 (704) 716 9840 | cleftout.com

Cleft Out Foundation Medical Grant Application

1. Name of the Child:
2. DOB (MM/DD/YY):
3. County you reside in:
4. What is your child's Cleft Diagnosis?
5. Is your child a patient of an ACPA approved team? Yes ___ No ___
6. Describe your child's surgical history, and the out of pocket cost associated:
7. Describe your child's nonsurgical history (dentistry, speech therapy, orthodontics, etc.), and the out of pocket cost associated:
8. What is your child's greatest current treatment need?:
9. Please estimate the cost of that treatment. If possible, include a treatment estimate from your provider:
10. Please estimate your annual household income, and number of dependents:
11. How did you learn about the Cleft Out Foundation?:

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Tell us more about your child's/family's journey and how you feel that the Cleft Out Foundation can respond: