



Grant Application

Please complete this form to apply for a grant from Lift Every Child Foundation, Inc. Ensure that all sections are filled out accurately and completely. Attach supporting documentation as needed.

1. Client Information:

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

2. Responsible Party Information:

Full Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Phone Number: _____

3. Financial Information

a. Medicaid Yes No

b. If yes, please provide a copy of your Medicaid card

c. If no, please provide a copy of adjusted gross income from your tax form for the last 2 years of federal tax returns

4. Other Required Attachments:

a. A signed copy of the client's treatment plan or good faith estimate from a licensed clinician.

b. A copy of your (responsible party's) driver's license.

Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of my application.

Signature _____ Date _____