



Heart and Hands Filled with Love; Hope in Action

# Alabaster Heart Missions International Inc. Program - APPLICATION

## Applicant's Information

Applicant's Name		Date of Birth	
Address		City	
Country/Prov.		Postal Code	
Phone		Email	
Type of Application	<input type="checkbox"/> Scholarship <input type="checkbox"/> Medical <i>(Check both if you require scholarship and medical assistance)</i>		
Have you previously received funding from us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state the year:	

## Parent/Guardian Information

Parent/Guardian's Name		Relationship to Applicant	
Occupation		Gross Income	\$
<b>Accommodation:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow <input type="checkbox"/> Common Law	
Name of Spouse/Common-Law		Relationship to Applicant	
Occupation		Gross Income	\$

## Household Members *(use additional sheet if needed)*

Name	Age	Relationship	Gross Income	\$

## Simple Monthly Budget Sheet

Expenses	Item	Amount	Resources
	Rent/Mortgage	\$	Your Income
	Utilities	\$	Parents/Guardian/Spouse income
	Food & Personal Care	\$	Income from other family members
	Clothing	\$	Child support/alimony
	Transportation	\$	Disability benefits
	Medical Insurance	\$	E.I. benefits
	Childcare expenses	\$	W. C. B.
	Medical costs not covered by insurance	\$	Government Benefit
	<b>Total Expenses</b>	\$ 0.00	Other
			<b>Total Resources</b>
			\$ 0.00



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## Alabaster Heart Missions International Inc.

**Please provide the estimated cost for the assistance required from AHMI Inc.:**

Service	Choose an item.	Estimated Cost	\$
Service	Choose an item.	Estimated Cost	\$
		<b>Total Cost</b>	<b>\$</b>

Where did you hear about us?	<input type="checkbox"/> AHMI Website <input type="checkbox"/> Social Media: Choose an item. <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth		
	<input type="checkbox"/> Referral (If referral, provide the following details)		
	Agency's Name		
	Referral By	Title	
	Email	Relationship to Applicant	

**Other funding sources you have accessed.**

Employer Extended Health Care Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of funding	\$
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of funding	\$
		<b>Total other Funding</b>	<b>\$</b>

Please make sure to include the following when applying:

A letter or email telling us about your child, the family situation, what the need is and how our funds will help.

Proof of your child's age. (Copy of birth registration/ birth certificate card)

- A recent (within 1 years) copy of a medical doctor's diagnosis of your child's disability or another clinician qualified to make a diagnosis (e.g., Psychologist). (please contact us if alternative options for this part are needed)
- A letter from a third party (i.e. a social agency, therapist that helps with your child) supporting the request and giving an independent view of the family's situation.
- Two estimates from the service provider(s) on the cost of the item or therapy for which financial assistance is being requested. Please specify the hourly rate and number of hours of therapy required for a 6 month period. Please have the service provider give an official quote on their letterhead for any item or service requested. (where applicable one estimate may be sufficient)
- A photo of your child, not required but encouraged (please email if possible)



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## RELEASE OF INFORMATION

I agree that AHMI Inc. may:

- Contact service provider, once funding has been approved for the service being requested in this application, for the purpose of facilitating grant payments.
- Carry out inquiries and provide and release pertinent information for the purposes of confirming or clarifying the information submitted, processing this application or addressing an application.
- Use/publicly display the child's first name and photo or photographs in a card, brochure, and/or promotional pieces, grant amount and purpose of grant, for the benefit of raising awareness of AHMI Inc. This may be in print and/or electronic format.
- Arrange any future videotaping for use in promotional materials and have the right, among other things, to telecast this segment on any television station one or more times.
- Contact me for the following purposes; to obtain feedback on the grant(s) I received from AHMI Inc., advise me of new information or services that may be of interest to me, solicit my view on services or policies affecting people with disabilities, vulnerable, and provide me with an opportunity to contribute to AHMI.
- Disclose any/all of the information in this application to such parties for the purposes set out above.

## CERTIFICATION

I \_\_\_\_\_ hereby agree to the above and acknowledge that I have read Alabaster Heart Missions International Inc. Program Guidelines. I certify that the information provided in this application is true, correct and complete to the best of my ability and the service has not been received.

<b>Parent or guardian signature</b>		Date	
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- Please review this application form to ensure all information and supporting letters/documentation is provided.
- If any information is missing, this application will be returned for completion, resulting in a delay in processing your request.
- Ensure to keep a copy for yourself.

Email completed application to [support@alabasterheartinternational.org](mailto:support@alabasterheartinternational.org) or mail applications to 30 Oldham Ave Paris, ON N3L 0H2.

If you have any questions about this application, you can reach out at 1-519-761-7808 or by email: [alheartorg@gmail.com](mailto:alheartorg@gmail.com).

### Confidentiality Policy

ALABASTER HEART MISSIONS INTERNATIONAL INC. is committed to protecting the privacy and the confidentiality of the personal information collected by our organization, from our donors, and volunteers. Any release of information permitted herein shall be on the basis that the recipient shall treat such information in a confidential manner and in accordance with applicable privacy legislation and AHMI Inc., shall not be responsible for the acts of such recipient.