MCPHERSON COUNTY Community Foundation

Assisting Families Dealing with Crohn's Disease Application

Funded by:

Deanna Zeitlow Crohn's Patients Assistance Fund

Patient Information:

Name: _____ Date of birth _____

Address _____ City/State/Zip _____

Email _____ _____

Phone (Day) _____ Phone (Eve) _____

Applicant/ Contact Person- if different from patient

Name: _____ Relation to Patient: _____

Address _____

City/State/Zip _____ Email _____

Phone (Day) _____ Phone (Eve) _____

In order to process, we need each item listed below:

- Completed & Signed application.
- Completed & Signed doctor's note verifying related illness.
- Receipt or invoice to be paid on behalf of the patient.

Please return application to the MCCF office at 1233 N. Main, PO Box 822, or fax to (620) 245-0238.

I have been diagnosed with Crohn's Disease (or am submitting this application on behalf of a minor who has been diagnosed with Crohn's Disease) and require assistance with costs associated with my treatment. I hereby give permission to the staff of the McPherson County Community Foundation to contact the parties listed in this application or attachments thereto for purposes of verification.

_____ _____

Date Signature of Applicant

MCPHERSON COUNTY Community Foundation

Assisting Families Dealing with Crohn's Disease

List of Accepted Expenses

Items in consideration in making grants (Please keep this page for your use.)

1. Shelter – To promote the Crohn's patient remaining in the comfort of his or her home
   a. Rent/House payments
   b. Utilities
   c. Necessary repairs to HVAC, electrical, plumbing
   d. Necessary handicap accessibility

2. Nutrition – To promote health and healing
   a. Food and drink
   b. Dietary supplements
   c. Meal Preparation

3. Medicine
   a. Medical and dental care that is not otherwise covered by insurance or government programs including but not limited to prescription and non-prescription medicine, hospital and hospice care, nursing care, attendant care.

4. Cleanliness – To promote health and healing
   a. Personal hygiene products
   b. Household cleaning, including products and cleaning person
   c. Personal care attendant

5. Companion Animal Care – To promote psychological well-being
   a. Where a treating physician recommends that a pet is beneficial to the patient, it will be termed "companion animal". Costs, including food, drink, and veterinarian care are eligible.

6. Transportation
   a. Grant recipients should submit fuel receipts to the Foundation for transportation reimbursement costs for out of county doctor visits.

MCPHERSON COUNTY
Community
Foundation

Date _____

Physician's Name _____
Physician's Phone # _____

_____

Subject: Eligibility Verification

The McPherson County Community Foundation is currently administering the Deanna Zeitlow Crohn's Patient Assistance Fund to assist patients with Crohn's Disease related illness. The purpose of this fund is to provide support to people who have experienced financial hardship resulting in a deterioration of the quality of life caused by Crohn's and related treatment. Items in consideration in making grants are shelter, nutrition, medicine, cleanliness, companion animal care, and transportation. A recipient may receive a total of $500 for each 12 month period they are receiving treatments.

We understand you are a treating physician for _____. He/She has applied for benefits from the fund. In order to ensure funds are distributed to recipients meeting the criteria, would you please verify the patient has Crohn's or a Crohn's related illness by signing below and returning this letter in the enclosed envelope.

For questions regarding this fund, please contact our office at 620-245-9070 or via email at becky@mcphersonfoundation.org.

Sincerely,

Becky Goss

President / CEO

____ Yes, _____ does have Crohn's or a Crohn's related illness.

____ No, _____does not have Crohn's or Crohn's related illness.

_____ _____

Signature Date