

Daquan Q. Johnson Aplastic Anemia Foundation

Application for Need-Based Grant

Eligibility:

- Applicants must be parents or legal guardians of a child who has been diagnosed with and is undergoing testing or treatment for ***Aplastic Anemia***.
- Applicants must be facing a financial hardship as a result of travel, lodging, and other expenses associated with the child's medical condition that is not covered by insurance.
- All applications must be completed and submitted by a hospital social worker who knows the family and the need.
- Applications must be typed or very clearly printed.

Application instructions:

- All correspondence, follow up or discussion of the application will occur between the Social Worker handling the case as the single point of contact and Daquan Q. Johnson Aplastic Anemia Foundation.
- Limit of \$1000 per application and a total of \$2000 per family / per year.
- Email completed application dqjaplasticanemia@gmail.com , or mail to Daquan Q. Johnson Aplastic Anemia Foundation, PO Box 11850, Pensacola, FL 32524.

Applicant's Information: (Please be sure to follow these instructions completely. Incomplete applications will not be processed)

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell: _____ E-mail: _____

Relationship to child: _____

Siblings: _____

Daquan Q. Johnson Aplastic Anemia Foundation

Child's Information:

Name: _____ DOB: _____

Year of Diagnosis: _____ Gender (circle one) F M

Medical Center: _____

Social Worker Contact: _____

Social Worker Email: _____

Social Worker Phone: _____

What is being Requested: _____

Amount of request: _____

Need assistance with:

____ Travel expenses

____ Meal expenses

____ Lodging expenses

____ Co-pays

____ Mortgage/rent payment

____ Utility payment

____ Other: _____

Additional Information: (Social Worker – please provide any additional information that will assist us in the decision making process relative to the family situation, current financial status, prognosis, etc.)

Social Worker Signature: _____ **Date:** _____

We would love to see who we are helping! Please submit a family photo with the names of everyone featured.