



APPLICATION FOR ASSISTANCE

The *Only You Foundation, Inc.* ("Only You") is a 501(c)(3) non-profit public charity whose mission is to enrich and enhance the lives of children with special needs and their families. Only You helps families leverage off of existing medical and social programs as they look for products and services to support their special needs child. In addition, where necessary, the Only You looks to complement those existing services financially by assisting with the purchase of medical and adaptive equipment and by providing scholarships for a variety of therapies, camps, and other programs.

Please do your best to provide complete information so that we can expedite your application. If you are requesting any type of financial assistance, please provide a written estimate or supporting documentation if possible. Please allow 30 to 60 days for our Board to consider your request. Send your completed application to: **Only You Foundation, Inc., P.O. Box 854, Fairfield, CT 06824** or by email to: onlyyou.foundation@yahoo.com

If you have any questions or if you are in need of more immediate assistance, call us at (203) 292-6601 or email onlyyou.foundation@yahoo.com. Thank you for the opportunity to assist you!

INFORMATION ABOUT THE CHILD:

Name: _____ Date of birth: _____ Sex: M___ F___

Street Address: _____

City, State, Zip Code: _____

Diagnosis: _____

Brief description of child's challenges/condition:

Name of Parent/Guardian: _____

Street Address (if different): _____

City, State, Zip Code: _____

Home or Work Phone: _____ Cell Phone: _____

E-mail address: _____

How did you hear about us? _____

ASSISTANCE OR RESOURCES REQUESTED:

Please provide a description of the equipment/product or services you are requesting.

Name/contact information of the provider (please note that it is our policy to pay vendors directly):

Please provide an estimate of the cost of the equipment/services you are requesting (attach a written estimate if possible):

Will any part of this item be covered by insurance? Yes / No

If yes, what is the total cost? \$_____ How much will insurance pay? \$_____

Please indicate if any assistance is being received or will be received from any other foundation or agency in connection with this request:

CONTACTS:

If there is a physician, educator, therapist, or social worker that is familiar with the child and this request, please provide their contact information below:

Name: _____ Title: _____

Phone Number: _____ Email: _____

GENERAL RELEASE:

I/we wish to participate in the benefits provided by Only You. I/we understand that participation in such a program is voluntary and that these benefits are provided by Only You in furtherance of its humanitarian effort to provide financial assistance to the families of children with special needs. I/we hereby release, discharge, indemnify and agree to hold harmless Only You, its officers, directors, agents, sponsors, medical advisors, and volunteers from all claims, demands, causes of action, present or future, whether known, anticipated or unanticipated, resulting from, arising out of, or incident to our participation in the programs or benefits provided by Only You.

Agreed to and accepted by:

(Signature)

(Date)

(Printed Name)

(Relationship to Child)

PHOTO RELEASE:

Please enclose a current photo of the child for whom this request is being made. Only You may from time to time request to take and submit photos of your child/children to various publications for news-related stories about Only You and its related activities, including fundraising events. We may also use such photos for promotional purposes, such as in advertisements, press releases, web site use, etc. Please indicate whether you would approve the use of your child's photo for such purposes by initialing the appropriate spaces below:

I will allow my child's photo to be used for promotional or news-related purposes: YES ___ NO ___

I will allow my child's name to appear for news-related purposes: YES _____ NO _____

Agreed to and accepted by:

(Signature)

(Date)

(Printed Name)

(Relationship to Child)