

Date Received: _____	<b>Michigan Elks Association</b> <b>Major Project Commission</b> PO Box 141605 Grand Rapids, MI 49504 (616-723-2763)	Case No. _____
Date Approved: _____		

**REQUEST FOR ASSISTANCE from Michigan Elks Association Major Project for Special Needs Children**

This information will be used by the Elks Major Project Commission to consider assistance to be given to the child whose case is outlined below. This form is to be filled out by a member of the Benevolent and Protective Order of Elks, making a personal investigation of conditions and having knowledge that the information is true and correct. All items must be answered so that the report will be of maximum value in studying the merits of the case.

**AGENCIES are NOT to handle cases – Lodge Chairmen and Family only**

Name		(Last)	(First)	(Middle)
Address		(Street)	(City)	(Zip)
Sex	Present Age	Birthdate	Phone	
Child's Ailment:				
From what other agencies or organizations has help been requested?				
What (if any) assistance has been received?				
Recommendations by Doctor or Agency: (please attach support letters):				
Name of Doctor to contact regarding child's condition:			Telephone: (do you give permission to the Major Project to contact the Doctor?)	
Has child been hospitalized for the Ailment?			When/Where?	
Has the child been to an out-patient clinic?			When/Where?	
Will the parents or guardian consent to a medical examination by a doctor, at the expense of the Michigan Elks Association Major Project Commission? (yes/no)				
<b>What help (specifically) is requested from the Elks Major Project for this special needs child? Any Doctor or therapist recommendations should also be attached. Lodge Chairmen: you must submit an EQUIPMENT CHECKLIST form with this application if requesting bikes or electronics.</b>				
(Estimated Cost): _____ (Payment Schedule) _____				

### Family Report

Father's Name:		Mother's Name:	
Age:	Occupation:	Age:	Occupation:
If employed, by whom:		If employed, by whom:	
Marital Status of Parents (Married, separated, Divorced, Widowed):			
Please describe Medical Insurance that is available and carrier:			
Is Child covered?		Name of Insurance Company:	
Total Monthly GROSS income of family from ALL sources:			Number of Dependent children living at home:
<b>REQUIRED: A copy of the Parents or Legal Guardians 1040 Federal and State Tax Form MUST accompany the Request for Assistance form.</b>			

#### HOLD HARMLESS CLAUSE

I, \_\_\_\_\_, as the parent or LEGAL guardian of the above-name child (recipient) (applicant), understand that the persons rendering service, professional and otherwise, are independent of and not employees, servants or agents of the Elks Major Project Commission nor are they in any manner under its direction or control.

As the parent and/or legal guardian, I do agree to hold the Elks Major Project Commission harmless from any claim for or on behalf of myself or the (child) (recipient) (applicant) for any damages, whether from physical injury or otherwise, arising out of the transportation to and from, if provided, any examination, treatment, consultation, program or use of equipment, or during the course of any examination, treatment, consultation or program in which the above-named (child) (recipient) (applicant) participates.

Dated: \_\_\_\_\_ Parent and/or Guardian's Signature: \_\_\_\_\_

#### INFORMATION BELOW IS TO BE FILLED OUT BY LODGE CHAIRMAN ONLY

My recommendations in this case are as follows (attach any additional information that will be helpful in evaluating the application, letters, photographs, etc.):

#### SIGNATURES REQUIRED

<b>Lodge Name and No.</b>		<b>Lodge Chairman</b>	
<b>Address</b>		<b>Address</b>	
<b>City/Zip</b>		<b>City/Zip</b>	
<b>Exalted Ruler</b>		<b>Chair Phone #</b>	
Date Submitted to District Commissioner:		Is family of applicant an Elk?	

This application is not a promise of service and must be completely filled out with all supporting documents before any approval can be obtained.