KADIJAH FAMILY FUNDS
1550 E 74th Ave
Anchorage AK 99507
Phone: 907-231-5760

MINI-GRANT APPLICATION

Important Note: If this Mini-Grant is approved, payment will be made directly from Kadijah Family Funds to the vendor for the items or services purchased for the Beneficiary.

Person filling out this application

Name _____
Address _____
City _____ Zip _____
Evening Phone _____
E-mail _____
Fax _____
Relationship to Beneficiary _____

PHYSICAL ADDRESS OF PERSON TO RECEIVE GRANT
(For delivery of items or services)
Address _____
City _____ Zip _____
Name of Facility _____
_____
_____
_____

Person who will receive the service for items from this grant

Name _____
Address _____
City _____ Zip _____
Social Security Number _____
Date of Birth_____ Age_____
Gender (circle one) Male or Female

Ethnic Background (circle one)

Alaska Native/American Indian
Caucasian (non-Hispanic)
Asian/Pacific Islander
Hispanic
Black/African American
Other _____

Beneficiary Coverage (circle yes or no for all options)

Medicaid	Y N
Medicare	Y N
Choice Medicaid Waiver	Y N
Other Insurance	Y N

Amount of Mini-Grant Request:_____ (Maximum $500.00)

Specific Item(s) or services to be purchased with this Mini-Grant _____

Explain how this Mini-Grant will allow the Beneficiary to receive an essential item, how the item will increase independent functioning, and how it will improve the Beneficiary's quality of life;

_____
_____
_____

Store or Supplier (Vendor) from which the item(s) or service(s) will be purchased:

Name of Store or Supplier _____

Address:_____City_____State_____Zip _____

Phone _____Contact Person _____

This Mini-Grant Application Must be Signed in order to be processed

Please Review the Application Checklist on Other Side

I certify that the information submitted on this form is true and accurate to the best of my knowledge. It is my understanding that the items of services for which I've requested on this Mini-Grant are not covered by any other funding source.

_____ _____
Signature of Person filling out application Date

_____ _____
Signature of Person to receive grant or legal guardian or Power of Attorney Date

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MINI-GRANT APPLICATION

Mini-Grant for Items and Services Instruction for Completion

Who Qualifies:

To receive a Mini-Grant funding the person must be facing a significant financial crisis

Application Criteria:

This program is designed to help Consumers who are in need of emergency services, such as :

- Housing (rent, electric and gas bills)
- Food
- Medical Services (prescription medicine)
- Emergency Travel
- Essential items which will directly improve their quality of life and increase their independent functioning.
- Medical, dental, vision, hearing, supplies, therapeutic devices, adaptive equipment, and accessibility improvements.
- No other funding source is available to item or service.

Review Application Checklist:

1. The beneficiary or the beneficiary's family member, care coordinator, legal guardian, power of attorney or another person can apply.
2. **If applicable, the signature of legal guardian or power of attorney is needed.**
3. All information must be completed on form; incomplete applications will be returned.
4. Attach a written estimate from vender (store, provider or supplier) to be used. If applicable add shopping, handling and/or installation charges.
5. Verify that person requesting grant has one of the qualified criteria above.
6. Please note the maximum Mini-Grant request is $500.00; however an applicant may submit more than one application per year, as long as the combined applications do not exceed more than $500.00.
7. Mail or Email application to: **KADIJAH FAMILY FUNDS**
   1550 E 74th Ave
   Anchorage AK 99507
   info@kadijahfamilyfunds.com

How Mini-Grant Works:

Submit a completed Mini-Grant application with an estimate from the vendor to be used for the item or service requested. Applications will not be processed until all information is completed. Completed applications are considered for funding based on level of need and date order. Once a grant is awarded a Purchase Order (PO) is sent directly to vendor. **Do not pay for item/service out of pocket**. A check for payment is sent to the vendor after an invoice for competed item or service is sent to Kadijah Family Funds. **Process will take 4-6 weeks for review. Please do not inquire into the status of the Mini-Grant; a letter will be mailed to applicant.**