

**PKS Kids
Grant Application
Please type or print neatly
Complete all sections**

Name (Full name of Parent) _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____
Email _____

Name (Full name of child) _____
Age _____ Date of Birth _____

Insurance

Is this child covered by insurance or Medicaid? _____
Name of insurance _____
Have services already been applied for and denied through insurance? _____
Attach any copies of denial letters for assistance

Income of household

_____ under \$20,000 _____ \$ 20,001-\$40,000
_____ \$40,001-\$60,000 _____ over \$60,001

Type of grant funding requested _____
Amount of funds requested _____
Attach invoice or written estimate from provider

Name of equipment company or service provider _____
Address _____
Phone _____
Website _____

Please respond in writing how this funding would benefit the child. Please provide as much information as possible that will assist us in evaluating the request. Please limit your response to one or two paragraphs.
