



1 Kalisa Way, Suite 301 • Paramus, NJ 07652  
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## Application Form

### About the Fund:

The mission of the Gift of Life America Fund is to improve the lives of children and young adults who are citizens of the United States of America and are economically disadvantaged, or in adoptive foster care. GOLA helps by filling gaps in public funding for medical, dental or ocular needs and supporting services, and/or making funding available for other activities, goods, and/or services that will enhance the quality of life of these children. Funding is focused on residents of New Jersey, New York and Connecticut.

The Gift of Life America Fund is a registered nonprofit 501(c)(3) agency. Donations to the fund are tax deductible to the extent allowed by law.

### Fund Criteria:

1. Support is limited to children of families living or working in NJ, NY and CT, with medical need and that are served by Foster Care / Adoption Agencies.
2. For an application to be accepted, the following criteria needs to be met:
  - (i) The individual to be helped by the Fund must meet all the criteria outlined in the Fund's mission statement, namely:
    - Children and young adults with medical needs
    - A citizen of the United States of America with medical needs
    - Economically disadvantaged, or in adoptive or foster care, or awaiting adoption
  - (ii) The request for funding must be to meet gaps in public funding for medical, dental and ocular needs and supporting devices, and/or for other medical services that will enhance the quality of life of the child.
  - (iii) The formal application process is completed. This shall include:
    - A completed application form.
    - A listing of child's medical problems, along with doctor and social services reports
    - Copy of the latest IRS tax return(s) of parent(s), guardian(s), or other caregiver(s) {not necessary if the child is in the direct or indirect care of a Foster Care/Adoption Agency}
    - Balance sheet {not necessary if the child is in direct or indirect care of Foster Care /Adoption Agency}
    - Copies of bills or other evidence of expenditure costs relating to the request for financial assistance.

Letters of support or other documentation endorsing the application may also be submitted.

- (iv) The application form must be signed by the child's parent(s), guardian(s), or other caregiver(s) who must also be willing to be interviewed and to provide any additional documentation requested in support of the application. The Awards Committee reserves the Right to request additional documentation and to interview applicants before making a determination.

### Please Note:

Information provided in the application will be treated as confidential and will not be shared with anyone outside the Awards Committee or its sub-committees without the express written consent of the applicant.

Awards are subject to funding availability and the amount of the awards is at the discretion of the Awards Committee. All successful applicants will be notified in writing. The decision of the Award committee is final, and no correspondence will be entered into.



**Insurance information**

Are the applicant's medical bills covered in part by any of the following?

Private Health Insurance  
Medicare/Medicaid  
Other

Worker's Compensation  
Auto Insurance

Is the applicant a US citizen?  Yes  No

If any insurance coverage exists, please give details of coverage and explain any out of pocket costs for you.

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If any other financial assistance has been provided or is under consideration or pending, please provide details as follows:

Funding Source	Amount Requested	Date Requested	Status

Do you have a personal, financial or employment relationship with the Foster Care / Adoption Agency?  
If so, (a) please describe.

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(b) name contact at the Foster Care / Adoption Agency \_\_\_\_\_

**Medical or Professional References:** *(at least one must be given)*

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Employment Information for Parent(s)/Guardian(s)/Caregiver(s)**

Parent/Guardian/Caregiver

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Spouse

Occupation \_\_\_\_\_

\_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Documentation provided with this application (check all that apply):

Current IRS tax return(s) of parent(s), guardian(s) or caregiver(s) {not necessary if the child is in the direct care of the Foster care / Adoption Agency}

Balance Sheet {not necessary if the child is in the direct care of the Foster care / Adoption Agency}

Copies of relevant bills/evidence of expenditure/costs to be incurred

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

I/We certify that the information provided on this application to be accurate

\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver Date

\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver Date

*Return this form and applicable attachments to:*

Gift of Life America Fund, Inc. One Kalisa Way, Suite 301, Paramus, NJ 07652