



HANDS
FOUNDATION

P.O. Box 868

Brunswick OH 44212

Phone: 216.780.4135 or 330.722.7950 Fax: 330.722.4725

E-mail: handsfoundation@aol.com

Senior Wish

Grant Application

Mission: Dedicated to Improving the Quality of Life for Medina County Seniors

Senior Wish Criteria:

ALL boxes below must be checked in order for the Wish to be considered.

- Medina County Resident**
 - 65 years of age or older**
 - In need of an item or service**
 - Was any other person or agency contacted to assist/collaborate with this request?**
 - Yes (please list below)**
 - No**
-

Senior Wish Guidelines:

- **Grant must be submitted by a third party agency/person on behalf of the applicant.**
- **No “after-the-fact” Grants will be considered, i.e. submitting the request after the item or service has all ready been purchased thereby requesting reimbursement.**
- **Grant cannot be used for on-going expenses, i.e. rent, utilities, food, prescriptions.**
- **LifeLines (Rescue Alert Pendants) – New Requests Only (No renewals)**
- **Maximum amount granted is \$150.00/person; \$200/household**
- **One Grant per person; per year. A year runs from the date the Grant was approved.**
- **No repetitive/recurring Grants will be considered, i.e. car repairs for the same applicant year after year.**
- **Grants are reviewed and voted on by a committee made up of HANDS Board Members. The applicant’s name is kept confidential and not shared with the committee.**
- **Emergency situations will be reviewed on a case-by-case basis.**
- **All Wish Requests must be submitted on this form.**



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Date of Application _____ **Age of Applicant** _____

Applicant's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone # _____

Sponsoring Agency _____ **Phone** _____

Name _____ **Title** _____

Address _____

Fax _____ **E-Mail** _____

Purpose of Grant: Describe in detail what is needed, circumstances, where service or item will be purchased (if known) and cost in 35 - 50 words. Please be sure to obtain more than one quote.

Amount of Grant Requested (\$150.00/person; \$200/household) \$ _____

Upon completion of both pages of the grant; fax, mail or e-mail to the above address. You will hear from a representative of the HANDS Foundation within a week. In you have any questions, please call.

FOR OFFICE USE ONLY:

Received: _____

Emailed: _____

Amount: _____

Purpose: _____

Approved: _____

Contacted: _____

Check #: _____

Date Paid: _____