


**Midwest
Special Needs Trust**

Charitable Trust Grant Program Application for Assistance

Complete the information below and return the application to:

**Midwest Special Needs Trust
1500 Vandiver Drive, Suite 100
Columbia, MO 65202**

To be eligible for a grant, applicants must:

1. Have a mental or physical impairment which substantially limits one or more major life activities. The impairment may be congenital or acquired by accident, injury or disease.
2. Meet income eligibility guidelines (2008 Federal Poverty Guidelines).

Persons in Household	Maximum Income	Persons in Household	Maximum Income
1	\$10,400	4	\$21,200
2	\$14,000	5	\$24,800
3	\$17,600	6	\$28,400

The Midwest Special Needs Trust offers two types of Charitable Trust Grant Programs, described below:

General Charitable Grant: This type of grant is available for funds to *supplement basic needs* by providing goods and services which are either beyond the financial means of the individual or cannot be purchased using existing sources of income. The deadlines for these applications are: March 31, June 30, September 30 and December 31. Grants are awarded by the Board of Trustees on a quarterly basis. Applications must be received by 4:30 PM on or before the deadline date.

Urgent Medical and Health Care Grant: This type of grant is available *only* for funds to cover *urgent medical and health care needs* which require immediate intervention. Applications are accepted on an ongoing basis and grants are awarded 2 times per month.

General Application Guidelines: Assistance is limited to goods and services which will have no negative effect on the recipient's eligibility for benefits. Rental/Housing assistance, assistance with utilities, and grocery expenses cannot be funded. Funds must be for the sole benefit of the applicant meeting eligibility requirements. *All* applications *must* include an estimate or invoice from a vendor or other documentation of the cost of the item(s) requested. If the request is for dental care, a treatment plan *must* be enclosed with the application. Grant funds will not be awarded to cover the cost of goods purchased or services performed prior to application. Incomplete applications will not be accepted.

All applicants and agency representatives will receive written notice of approval or denial of the application. MSNT staff is available to answer questions. We can be reached at 573-882-3388.

This Application is for (Check One):

General Charitable Grant

Urgent Medical and Health Care Grant

Date: _____

Contact Information

1. Applicant Information

Name

Street Address

City State Zip Code

Phone Number

2. Agency Representative (If Applicable)

Name

Organization/Street Address

City State Zip Code

Phone Number

Applicant Background Information

3. Date of Birth: _____ - _____ - _____

4. Type of Disability:

- Mental Illness
- Developmental Disability or Mental Retardation
- Brain Injury (Injury to brain resulting in impaired cognitive or physical abilities)
- Physical Disability (Specify) _____
- Other (Must Specify) _____

5. Living Situation:

- Lives independently in own home or apartment
- Lives with family (Biological, Relatives, or Adoptive)
- Lives with foster family
- Lives in supported living setting (< 24 Hour Supported Care)
- Lives in supervised living setting (24 Hour Supervised Care)*

6. ***If living in 24 Hour Supervised Care, please describe more specifically:**

- Staffed Apartment
- Group Home
- ISL (Individualized Supported Living)
- RCF (Residential Care Facility)
- Nursing Home
- State-Operated Facility (Specify) _____
- Other (Specify) _____

7. Applicant Receives the Following Public Benefits:

- SSI \$ per month _____
- SSDI \$ per month _____
- Food Stamps
- Medicaid
- Medicare
- Other Benefits (Specify) _____
- Applicant receives no public benefits

8. Applicant Income:

Number of persons in family unit: _____
 Gross Annual Income of family: \$ _____
 Is applicant less than 18 years of age? _____

9. Type of Assistance Requested:

- Medical and dental care and equipment
- Rehabilitation training, services or devices
- Supplemental education assistance
- Personal goods and services
- Transportation

