



**Patriot Cares, Inc.** strives to improve the wellness of our community by providing resources and inspiring hope for a healthy future.

Please fill out the following form to provide information for assistance.

Please provide supporting documentation for individual assistance in the form of late notices, estimates, etc.

Requests will be considered on a case-by-case basis.

**Requester Information:**

First Name/Last Name: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_

Facility/Organization Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Recipient Information:**

First Name/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Request (provide supporting documentation and estimate): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check Payable to: \_\_\_\_\_ Requested Amount: \$ \_\_\_\_\_

Recipient Type:            Patient/Family                                  Community Member                                  Charitable Organization

If a non-profit, organization tax number: \_\_\_\_\_

Is agency a 501(c)3? Yes                                  No

If a non-profit, organization contact: \_\_\_\_\_

Business or Non-Profit Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Business/Non-Profit address MUST be provided for check printing)**

Phone number of non-profit/business: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please complete the second page**

Please complete this application and answer the additional questions. Supporting documentation and estimates must be provided.

Please provide brief but detailed descriptions to the following, keeping in mind the Patriot Cares, Inc. has limited funds.

1. In detail, explain **why** you have chosen to nominate this individual/organization.

---

---

---

---

2. In detail, please provide an explanation on **how** the contribution will be used.

---

---

---

---

**Email the completed application and supporting documentation to: [patriotcares@patriotathome.org](mailto:patriotcares@patriotathome.org)**