

**THE RICHARDSON
FOUNDATION**
HAIR FOR KIDS PROGRAM APPLICATION



APPLICANT INFORMATION

| | | | | | | |
|----------------|--|----------------|--|------------------|------|--|
| Last Name | | First | | M.I. | Date | |
| Street Address | | | | Apartment/Unit # | | |
| City | | State | | ZIP | | |
| Phone | | E-mail Address | | | | |
| Date Of Birth | | | | | | |

PARENT INFORMATION (ONLY FOR CHILDREN UNDER THE AGE OF 18)

| | | | | | |
|--|------------------------------|-----------------------------|---------------------------------|------------------|--|
| Last Name | | First | | M.I. | |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | Zip | |
| Referred by: | | | Name of treating Doctor: | | |
| E-mail Address | | | Phone | | |
| Do you have insurance covering a Cranial Prosthesis? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | UNSURE <input type="checkbox"/> | | |

PERSONAL CONFIDENTIAL INFORMATON (this information will be kept confidential and will not be distributed)

| | |
|---|--|
| Number of persons living in household? | |
| Number of persons under 19 years of age? | |
| Number of persons working outside the home? | |
| Gross combined yearly income? | |

FOR FOUNDATION USE ONLY

| | |
|-------------|--|
| Review Date | |
| Comments | |

SIGNATURES

| | |
|---------------------|--|
| Program Coordinator | |
| Committee Member | |
| Committee Member | |
| Committee Member | |
| Foundation Member | |

Application for Grant to receive a cranial prosthesis Funded by the Hair for Kids Program via The Richardson Foundation

The awards are based on financial need, lack of insurance for a custom cranial prosthesis, and available funds.

A minor may receive more than one grant prior to the time he or she attains the age of nineteen: however, no individual shall receive more than two grants. Grants will be in the form of a certificate for goods or services consistent with the purpose expressed.

Grants shall be in the amount determined by the Selection Committee, in accordance with the following table.

| CATEGORY | ADJUSTED GROSS INCOME | GRANT ALLOWANCE TOWARD COST OF PROSTHESIS |
|----------|-------------------------------|---|
| I | \$ 27,258 or less | 100% |
| II | \$ 27,259 to \$ 37,759 | 90% |
| III | \$ 37,769 to \$ 48,260 | 80% |
| IV | \$ 48,261 to \$ 62,261 | 70% |
| V | \$ 62,262 to \$ 79,762 | 60% |
| VI | \$ 79,763 and above | 50% |

Certificates awarded hereunder must be used by the applicant and/or the applicant's family for the benefit of the applicant. Certificates are not transferable and may not be redeemed for cash. Violations of this policy shall result in the recipient being ineligible for any further grant.

False information shall make application null and void.

How to apply:

Applications can be downloaded or submitted electronically via The Richardson Foundation website at <http://www.helpushelpmany.org/hfk-application.html>

Applications can also be obtained and delivered to
Becca's 3700 Hair Salon
3704 Wilmington Pike
Kettering OH 45429

or mailed via USPS to
The Richardson Foundation
P.O. Box 341592
Dayton, OH 45434

For questions you can call Becca Bowling at 937-298-9222 or The Richardson Foundation toll free at 1-888-873-5911
You may also email questions to info@helpushelpmany.org