

REPEAT JHFH APPLICANT EMERGENCY SUPPORT GRANT

This is for *previously approved* JHFH applicants who are experiencing an emergency situation that cannot wait until our scheduled Board of Directors meeting. Requests should not exceed \$500 as funding is extremely limited. Please note that this does not replace our typical grant request program.

Applicant's name:

Applicant's age:

Parent/Guardian's name:

Address:

Email:

Phone number:

Medical condition:

Please describe how the emergency situation.

Please describe how JHFH can support you. If you are requesting equipment, please submit specific equipment details and vendor information. If you are requesting reimbursement, please submit item details and proof of purchase/payment.

While not required for this application, letters of medical necessity, doctor scripts and signatures are recommended in support of your request.

Decisions will be made within 2 weeks of submission.