

Grants to Assist Individuals - Application

A. V. Hunter Trust - Grants to Assist Individuals

Eligibility Quiz 1

I am applying on behalf of:*

Choices

A client

Myself

A family member or friend

- Not Eligible to Submit an Application -

Applications must be submitted by a referring professional (applicant) on behalf of an individual (client) that needs assistance.

For more information on program requirements, please visit the website: [Grants to Assist Individuals](#)

Eligibility Quiz 2

Please note:

****An application not completed within 60 days is automatically deleted.***

Prior Assistance*

Has the client received assistance from the A.V. Hunter Trust in the past?

Choices

Yes

No

Residency*

Has the client been a legal resident of the state of Colorado for the last 12 consecutive months prior to the date of the application?

Choices

Yes

No

Substance Abuse*

Does the client have a history of drug or alcohol abuse?

Choices

Yes

No

Type of assistance*

The client may request funding toward one of the following:

Choices

Section 1: Dental procedures (Fillings, Extractions, Dentures, and Partial).

Section 2: Durable Medical Equipment (Hearing Aids, Prosthesis, Walkers, and many more items).

What is the amount of assistance requested?*

Character Limit: 20

Substance Abuse Follow Up Question

Substance Abuse Follow Up Question*

Can you or another professional confirm that the client has maintained sobriety for the last 12 consecutive months prior to the date of this application?

(This must be outside of a residential treatment center or incarceration.)

Choices

Yes

No

Section 1

Dental Procedures limited to:

(please check all dental procedures that are needed)

Choices

Fillings

Extractions

Dentures

Partial

Section 2

Durable Medical Equipment**Choices**

Hearing Aids

Modification to a home or vehicle. Home or vehicle must be owned by the applicant.

Durable Medical Equipment (please define below)

Durable Medical Equipment Description

Character Limit: 250

Not Eligible for Funding

Based on the answers given in the Eligibility Quiz section, your client is **NOT ELIGIBLE** for funding through the Grants to Assist Individuals program. You can stop here. Do not click "Submit". If you have any questions or need any additional information, please email Kary Cramer at kary@avhuntertrust.org.

Client Information

First Name*

Character Limit: 250

Last Name*

Character Limit: 250

Date of Birth*

Please type using the following date format: mm/dd/yyyy

Character Limit: 10

Marital Status*

Choices

Single
Married
Separated
Divorced
Widowed
Common Law

Street Address*

Character Limit: 250

City*

Character Limit: 250

State*

Character Limit: 250

Zip Code*

Character Limit: 250

Number of Years at this Address*

Choices

- < 1 year
- 1 - 2 years
- 3 - 5 years
- 6+ years

Previous Address

Previous Street Address*

Character Limit: 250

City*

Character Limit: 250

State*

Character Limit: 250

Zip Code*

Character Limit: 250

Number of years at this address*

Character Limit: 250

Background Information

Background Information*

Please describe the situation of the client. This is your only opportunity to make a compelling case for funding from the A. V. Hunter Trust. Please include any information that you deem important including: health, description of any disabilities, employment, education, and military service. **Please do not attach copies of any additional personal information to this section.**

Optional - in addition, or instead of, you may attach a letter from the client explaining his or her own situation, if they choose.

Character Limit: 2000 | File Size Limit: 10 MB

Employment History

Employment History*

Is the client employed?

Choices

Yes

No

Current Employment

Name of Employer*

Character Limit: 250

City*

Character Limit: 250

State*

Character Limit: 250

Type of business*

Character Limit: 250

Position Held*

Character Limit: 250

Hours per week*

Character Limit: 250

How many years?*

Character Limit: 250

Previous Employment

Previous Employment*

All work history is relevant. Please list last place of employment including type of business, position held, hours worked, and length of employment. If they have not worked previously, please explain why.

Character Limit: 2000

Household Members

Household Members*

Please indicate the number of ALL persons living in the home, INCLUDING the client and spouse. Include children, other relatives, and any unrelated occupants.

Choices

1

2
3
4
5
6
7
8
9

Household Member Information #1

1. Name (client)*

First and last name

Character Limit: 250

Age*

Character Limit: 250

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income*

Character Limit: 20

Income Sources*

Character Limit: 1000

Household Member Information #2

2. Name*

First and last name

Character Limit: 250

Relationship*

Relationship to client

Character Limit: 250

Age*

Character Limit: 250

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income*

Character Limit: 20

Income Sources*

Character Limit: 1000

Household Member Information #3

3. Name*

First and last name

Character Limit: 250

Relationship*

Relationship to client

*Character Limit: 250***Age****Character Limit: 250***Monthly Income***

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income**Character Limit: 20***Income Sources****Character Limit: 1000*

Household Member Information #4

4. Name*

First and last name

*Character Limit: 250***Relationship***

Relationship to client

*Character Limit: 250***Age****Character Limit: 250*

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income*

Character Limit: 20

Income Sources*

Character Limit: 1000

Household Member Information #5

5. Name*

First and last name

Character Limit: 250

Relationship*

Relationship to client

Character Limit: 250

Age*

Character Limit: 250

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income*

Character Limit: 20

Income Sources*

Character Limit: 1000

Household Member Information #6

6. Name*

First and last name

Character Limit: 250

Relationship*

Relationship to client

Character Limit: 250

Age*

Character Limit: 250

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income*

Character Limit: 20

Income Sources*

Character Limit: 1000

Household Member Information #7

7. Name*

First and last name

Character Limit: 250

Relationship*

Relationship to client

Character Limit: 250

Age*

Character Limit: 250

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income*

Character Limit: 20

Income Sources**Character Limit: 1000***Household Member Information #8**

8. Name*

First and last name

*Character Limit: 250***Relationship***

Relationship to client

*Character Limit: 250***Age****Character Limit: 250***Monthly Income***

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income**Character Limit: 20***Income Sources****Character Limit: 1000*

Household Member Information #9

9. Name*

First and last name

Character Limit: 250

Relationship*

Relationship to client

Character Limit: 250

Age*

Character Limit: 250

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

Choices

Yes

No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and under "Income Sources" please explain why they do not have any income.

Total Monthly Income*

Character Limit: 20

Income Sources*

Character Limit: 1000

Housing Information

Do any household members own the home?*

Choices

Yes

No

Home Ownership Information

Who owns the home?*

Character Limit: 250

Market Value*

Character Limit: 20

Loan Balance*

Character Limit: 20

Monthly Mortgage Payment*

Character Limit: 20

Home Rental Information

Landlord Name*

Character Limit: 250

Monthly rental payment for household:*

Character Limit: 20

Household Resources

Do any household members have checking accounts?*

Choices

Yes

No

Do any household members have savings accounts?*

Choices

Yes

No

Do any household members receive SNAP benefits?*

Choices

Yes

No

Do any household members have other assets or accounts?*

(Properties, recreational vehicles, retirement accounts or investments?)

Choices

Yes

No

Checking Account Information

Total Household Checking Account Balance**Character Limit: 20*

Savings Account Information

Total Household Savings Account Balance**Character Limit: 20*

SNAP Benefit Information

Total Household amount of SNAP benefits received monthly**Character Limit: 20*

Other Asset or Account Information

Total Household Other Assets or Account Information*

Assets or accounts including properties, recreational vehicles, retirement accounts or investments. Please list below, along with the estimated value of each.

Character Limit: 3000

Automobile Information

How many automobiles in the household?***Choices**

- 0
- 1
- 2

Automobile Information #1

Automobile #1 - Make / Model / Year**Character Limit: 250*

Year Purchased**Character Limit: 250***Balance Due****Character Limit: 20***Monthly Car Payment****Character Limit: 20*

Automobile Information #2

Automobile #2 - Make / Model / Year**Character Limit: 250***Year Purchased****Character Limit: 4***Balance Due****Character Limit: 20***Monthly Car Payment****Character Limit: 20*

Debt

Do any household members have personal debt?*

(Credit Cards, Medical Debt or Loans)

Choices

Yes

No

Personal Debt Explanation

Total Amount of Debt**Character Limit: 20***Monthly Payments****Character Limit: 20***Why was this debt incurred?****Character Limit: 2500*

Monthly Household Expenses

Monthly Household Expenses*

Please describe the client's current financial situation. Provide any information you feel may be relevant, including any circumstances that have impacted the client's financial need (example: relocation, healthcare costs, job loss, care of children or other family members.)

If the client shares living expenses with other household members, please give a general overview of the entire household's expenses.

Character Limit: 3000

Vendor Information

Vendor Name*

*ONLINE-ONLY VENDORS ARE NOT ACCEPTED.

Character Limit: 250

Vendor Phone Number*

Character Limit: 250

Vendor Email Address*

*MUST HAVE A WORKING EMAIL ADDRESS FOR VENDOR.

Character Limit: 254

Vendor Contact Person

Character Limit: 250

Street Address*

Character Limit: 250

City*

Character Limit: 250

State*

Character Limit: 250

Zip code*

Character Limit: 250

Please attach Vendor estimate or dental treatment plan.*

Please do not attach copies of any additional personal information to this section. No driver's licenses or social security statements, etc.

File Size Limit: 15 MB

How much can the applicant or the family contribute?**Character Limit: 20***What other agencies/organizations have been contacted and what is the status of the request?****1. Agency/Organization Name***Character Limit: 250***Amount Requested***Character Limit: 20***Request Status****Choices**

Pledged

Pending

Denied

2. Agency/Organization Name*Character Limit: 250***Amount Requested***Character Limit: 20***Request Status****Choices**

Pledged

Pending

Denied

3. Agency/Organization Name*Character Limit: 250***Amount***Character Limit: 20***Request Status****Choices**

Pledged

Pending

Denied

Referring Professional Requirements

By checking each item below, I am affirming that I have reviewed these documents for my client. I have paper or electronic copies of these documents, and I can provide copies to the A.V. Hunter Trust upon request.

Proof of Identification - e.g., Colorado ID, Driver's License, etc.*

Choices

Yes

Proof of at least one year's Colorado Residency - e.g., Colorado ID, dated utility bill.*

Choices

Yes

Wages and Earnings*

Documentation of wages and earnings, including any award letters, if receiving any type of government assistance.

Choices

Yes

Not Applicable

Sobriety*

Documentation of at least one year of sobriety, if there is a history of alcohol or substance abuse.

Choices

Yes

Not Applicable

Signatures

By typing your name in each Signature Field below, you hereby consent and agree that your typed name constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Information Release*

I, Referring Professional, acting as agent on behalf of the client, give permission for the release of this information to another agency for possible co-payment.

Choices

Yes

Client Signature*

The client agrees to defend, indemnify and hold the A.V. Hunter Trust harmless from any and all claims, disputes, liabilities or causes of action arising out of the agreement to provide assistance, or the providing of assistance, or arising out of services and goods sold or provided to recipients of assistance through the A.V. Hunter Trust, Inc.

Character Limit: 250

Referring Professional Signature*

The Referring Professional and referring agency agree to defend, indemnify, and hold the A.V. Hunter Trust harmless from any and all claims, disputes, liabilities or causes of action arising out of the agreement to provide assistance, or the providing of assistance, or arising out of services and goods sold or provided to recipients of assistance through the A.V. Hunter Trust, Inc.

Character Limit: 250

Referring Professional Signature*

By signing below, I confirm that I have verified the information included in this application to the best of my ability and do not have any reason to doubt the validity of the information provided.

Character Limit: 250

Official Use Only - DO NOT FILL OUT THIS SECTION

Date of Authorization

Character Limit: 10

Award Expiration Date

Character Limit: 10

Services/Equipment Approved

Character Limit: 250

Award Amount

Character Limit: 20