

Approved _____
Fax to NKFG _____
Denied _____
SW Notified _____
Requested Addtl. Info _____

Crisis Intervention Fund

PLEASE USE BLACK INK

Application Form

Date _____
Patient's Name _____ Phone _____
Address _____ Zip Code _____
Date of Birth _____ Dialysis/Transplant Center _____
Diagnosis _____ Date Dialysis Began _____
Treatment Modality _____ County of Residence _____
Ethnicity* _____ Number of Children _____ Adults in home _____ 65+ _____
Previous Grants from Crisis (give dates if available) _____

Monthly Income Sources

Wages _____
Soc. Sec/SSI _____
Spouse's Income _____
Family Member's Income _____
TANF _____
Rental Income _____
VA _____
Other _____

TOTAL INCOME _____

AMOUNT REQUESTED _____ (MAXIMUM REQUESTED \$150.00)

Monthly Expenses

Mortgage/ Rent _____
Utilities:
Electric _____
Gas _____
Water _____
Telephone _____
Food _____
Medicines _____
Transportation _____
Other _____

TOTAL EXPENSES _____

*Please use the following letter code to indicate ethnicity/ race: AA(African American), A(Asian), C(Caucasian), H(Hispanic), I(Other Immigrant), O(Other race)

SOCIAL WORKER'S STATEMENT

Reason for Request:

Please clearly document the patient's situation that merits this request. Please include relevant backup documents that will verify patient's need for financial assistance.

Specific resources explored and the results of your exploration.

1. Agency _____
Contact person _____ Phone _____
Comments _____

2. Agency _____
Contact person _____ Phone _____
Comments _____

3. Agency _____
Contact person _____ Phone _____
Comments _____

Signature of Patient _____

Social Worker's Name _____ Signature _____

Facility Name and Address _____

Phone _____ Fax _____

Check to be made out to: _____
(Check **cannot** be made out in patient's name)

Failure to submit to all assigned committee member will result in denial.

Revised 6/2003

For NKFG use only

Date received _____

Date approved _____

Initials _____