



Please return completed form to:
Lynda Williams, MSW – C-PODD
1600 – 7th Avenue So (Social Services)
Birmingham, AL 35233

Family Fund Grant Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____

Insurance: _____



List all members of your household

- 1) Head of Household _____ Age: _____
- 2) Spouse _____ Age: _____
- 3) Children/dependents: _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Average total monthly income: \$ _____ (please include all sources of income, government agencies, family, private charities, etc.)

Grant amount requested: \$ _____
(Please note that only reimbursements are given for expenses related to gas and hotel)

Reason for request: _____

I certify that the above information is true and correct.

Signature of Applicant

C-PODD contact person: _____



GRANT APPLICATION FOR ASSISTANCE

Dear Parent/Guardian:

Please answer all questions on this form so that we can quickly assist you. Once the form is returned and reviewed, the social worker will reply within one week. You may also apply by telephone, though you will still be required to complete and sign this form when you come to CPODD clinic.

Please note that this is a "special needs" grant offered to our patients/families who are without resources to aid in the care of the patient. Our aim is to aid those in need by providing limited financial assistance as our resources permit.

Feel free to use additional space to explain your need at this time. Include important information, such as being unable to work, temporarily unemployed, seeking employment, etc. Your cooperation is highly appreciated.

To apply by phone, please call Lynda Williams, social worker at:
(205) 939.9684

By Mail:
Lynda Williams, MSW - C-PODD
1600 -7th Avenue South
Department of Social Services
Birmingham, AL 35233