



# Small Comforts

## Gifts and Assistance Program Fall 2008 Application

*The Small Comforts Gifts and Assistance Program gives items of personal comfort and various types of assistance to individuals on a limited budget whose medical condition or life circumstances create a serious loss of morale or quality of life. It is a gift with no responsibility for repayment by the individual or any other party.*

### OVERVIEW AND GUIDELINES FOR APPLYING TO THE COMFORT GIFTS AND ASSISTANCE PROGRAM

Small Comforts Foundation, Ltd. (SCF) is a not for profit organization dedicated to funding and administering programs that will raise the morale and improve the quality of life for the chronically or terminally ill. It is our mission to accomplish this through providing the best resources and information possible and establishing programs that will make a difference in the daily lives of people afflicted with chronic illness.

**Comfort Gift** will be awarded to individuals or families for the purpose of improving the life of a chronically ill person. Examples of previous awards include air conditioners, wheelchairs, recliners, walkers, talking wrist-watches, shower chairs, blood pressure monitors, televisions, stereos, DVD players etc. A Comfort Gift award is at the sole discretion of the board of directors of SCF and the monetary value of each gift will not exceed \$250. Recipients will be chosen on the basis of information provided in their essay.

**Assistance Through the Margie Vorhis Family Assistance Program** is available for certain types of situations resulting from a person's illness. Each request for assistance is considered on its own merit depending on the family's circumstances and need. Recipients will be chosen on the basis of their essay at the sole discretion of the board of director of SCF.

Requests for cash will not be considered. Comfort Gifts and Assistance are awarded to individuals or families, Organizations, companies, and corporations are not eligible for Comfort Gifts.

The signed Physician's Verification Letter **must** accompany applications and requests must be postmarked by **December 31, 2008**. Recipients will be notified by **February 1, 2009**

**Please fill out the following information:**

**Date:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Item or Assistance you are requesting:**  
\_\_\_\_\_  
\_\_\_\_\_

**Annual Income** \$ \_\_\_\_\_

**Have you ever applied to SCF before?** Yes \_\_\_\_\_ No \_\_\_\_\_

**When** \_\_\_\_\_

**What form of Chronic Illness are you living with?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Small Comforts Foundation, Ltd.  
Candace Cima  
One Leslie Lane  
Ithaca, New York 14850

## Physician's Verification Letter



*Small Comforts*

### *Gifts and Assistance Program 2008*

*The Small Comforts Gift program gives items of personal comfort and assistance to individuals whose medical condition or life circumstances create a serious loss of morale or quality of life.*

*It is a gift with no responsibility for repayment by the individual or any other party.*

*As the physician of \_\_\_\_\_*

*I am aware of my patient's application to the Small Comforts Gifts and Assistance Program and feel that this patient would benefit from their request of*

*Physicians Name Please Print: \_\_\_\_\_*

*Physicians Address: \_\_\_\_\_*

*Physicians Phone Number: \_\_\_\_\_*

*Physician's Signature: \_\_\_\_\_*

*Date:* \_\_\_\_\_