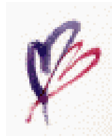

Small Comforts

Application Gift Program 2007

The Small Comforts Gift program gives items of personal comfort and support 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.

Applicant's Name: ______________________________________

Address: ______________________________________

____

____

Phone Number: ____________________________

Item you are requesting: ______________________________

Physician's Name: ______________________________
Please Print

Physicians Address: ______________________________

Physicians Phone Number: ___________________________

Date ________________________

Small Comforts

Small Comforts Foundation, Ltd.
One Leslie Lane
Ithaca, New York 14850
(607) 257-6059
www.smallcomforts.org

Spring 2007

Office Use Only
Request #: ________
Date Rec'd: ____________
Item Funded: ______________
Date Awarded: ______________

Program Officer Initials: ________

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

COMFORT GIFT OVERVIEW AND GUIDELINES:
Items or Comfort Gifts 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.

Requests for cash will not be considered. Comfort Gifts 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 **June 1, 2007**. Recipients will be notified by **July 1, 2007**.

ESSAY:

Recipients will be chosen on the basis of this essay.

So that we may fully understand your needs please tell us about your illness and how receiving this item will make a difference in your life or the life of a chronically ill person. Describe the item requested and how the receipt of such item will benefit you or a terminally or chronically ill person. Please be specific as to how you think this gift will raise the morale and or the quality of life for yourself or this individual. Please attach a separate sheet of paper if more space for your essay is needed. Please write clearly or type.

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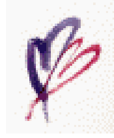

Physicians Verification Letter

Small Comforts

Gift Program 2007

The Small Comforts Gift program gives items of personal comfort and support 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 Gift Program and feel that if selected to be a recipient of the program this gift would contribute to raising the morale and or the quality of life for this patient.

Physicians Name Please Print: ____

Physician's Signature: ____

Physicians Address: ____

____

Physicians Phone Number: ______________________________

Date: ______________________________