



Small Comforts

Gifts and Assistance Program 2010 Application

The Small Comforts Gifts and Assistance Program gives items of personal comfort and various types of assistance to persons 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 \$300. 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. Recipients will be notified by mail after review by the Small Comforts Board of Directors.

Application Small Comforts

Please fill out the following information:

Date: _____

Applicant's Name: _____

Address: _____

Phone Number: _____

Item or Assistance you are requesting: (Please limit your request to one item or form of assistance)

Annual Income \$ _____

Type of Government Assistance you are now receiving _____

Name of Case Worker _____

Have you ever applied to SCF before? Yes _____ No _____ When _____

What form of Chronic Illness are you living with and how is it affecting the quality of your daily life?

Where did you hear about Small Comforts?

Physician's Verification Letter

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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 _____

Please tell us why you believe that this gift or assistance will raise the morale and or quality of life for your patient.

Physicians Name Please Print: _____

Physicians Address: _____

Physicians Phone Number: _____

Physician's Signature: _____

Date _____

Return along with completed application to:
Candy Cima
One Leslie Lane
Ithaca, NY 14850