



The Devon Nicole House

F O U N D A T I O N

Contact: Tom Missert phone: 603-594-1385
 DNH Foundation fax: 603-594-8849
 PO Box 901
 Londonderry NH 03053 tom@devonshouse.org

DNH Foundation Grant Application

The DNH Foundation Grant program was established after The Devon Nicole House at Children's Hospital Boston opened. DNH Grants are primarily intended for families that are currently or have recently stayed at The Devon Nicole House at Children's Hospital Boston. We will also consider requests in other related areas. We hope to help those families that have stayed at the House by providing small grants to help families with uncovered and unexpected expenses.

Family & Patient Information

Parents or Guardian Name:			Home phone:		
Street Address:			Cell phone:		
City:		State:	Zip:	Email:	
Patient's Name:	DOB	M ___ F ___	Patient's Doctor:		Dr. or Dept phone:
Dates of stay at The Devon Nicole House at Children's Hospital Boston:			Social worker:		Social Worker phone:
Diagnosis/Treatment:				Care Page: (if available)	
Reason for request: <i>(Please provide brief summary. Feel free to attach separate narrative, call us or provide copies of any additional documents)</i>				Referred to DNH Foundation by: <input type="checkbox"/> Devon Nicole House at Children's <input type="checkbox"/> Center for Family Services <input type="checkbox"/> Another Family <input type="checkbox"/> DNH Website <input type="checkbox"/> Other	

Grant area (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Travel | <input type="checkbox"/> Lodging |
| <input type="checkbox"/> Uncovered medical expenses | <input type="checkbox"/> Food & other living expenses |
| <input type="checkbox"/> Loss of income | <input type="checkbox"/> Research related |
| <input type="checkbox"/> Other _____ | |

Amount

- | |
|---------------------------------|
| <input type="checkbox"/> \$ 250 |
| <input type="checkbox"/> \$ 500 |
| <input type="checkbox"/> \$ 750 |
| <input type="checkbox"/> \$1000 |

*PLEASE NOTE: Applications will be processed on a monthly basis or sooner if possible. All requests will be considered regardless of race, creed, color, religion or ethnic background. Grant levels will be determined by your request, a brief phone interview by a DNH Foundation Board member, need and available Foundation funding. If grant is approved we may ask for additional documentation of expenses and your social security number for our records. We may also ask to use your general story to assist us in raising additional funds to help other families.

Signature of Parent or Guardian

Date

Please fax or email completed form to:
 Devon Nicole House Foundation Office
 OR call Tom Missert

Fax: 603-594-8849
 email: tom@devonshouse.org
 phone: 603-594-1385 or cell; 603-490-3671

OFFICE/FOUNDATION USE ONLY:

Interview/Phone: / /	Verification of information:	Willing to allow use of Picture and general story to help raise funds for other families: Yes: ___ No: ___	Add to mailing list: Yes: ___ No: ___
<u>If approved, Parent SSN</u>	Check number: Amount:		