



TO THE MOON AND BACK FINANCIAL ASSISTANCE GRANT APPLICATION

I. Applicant Information

Applicant Full Name

Mailing Address

Contact: (Primary Phone) (Alternate Phone) (E-mail)

Relationship to Child

II. Diagnosis and Exposure type

Please explain your child's Diagnosis and Exposure type:
(Age, birth date, type of diagnosis and exposure)

III. Income and Expense Information:

Yearly Income: _____ Number of dependents: _____

***Please attach proof of income**

Monthly Living Expenses:

Medications: _____ Household Supplies: _____ Utilities (heating): _____ Utilities(electric): _____

Phone/cable/internet: _____ Food expenses: _____ Housing (rent/mortgage): _____ Car payment: _____

Car insurance: _____ Other insurance premium: _____ Other (please explain): _____

IV. Reason(s) for Applying: Check all the boxes that apply

Therapy Co-pays

How often is your child seen? _____

Approx. cost for each visit _____

Medical Equipment: (Ex. weighted blanket, swaddle blanket, oscillating crib, nutritional supplements)

Approx. cost _____

Other Medical Bills/Expenses

Approx. cost _____

What specifically are you in need of and how will it help?

Please explain the circumstances that make it difficult for you to afford this service.

V. Please attach a copy of any receipts if you have already paid for any of the areas that you are requesting financial assistance for. If you have not yet engaged in the service please send an estimate for services.

Please indicate to whom the check should be made out to and address to be sent:

VI. Mail form to:

To the Moon and Back – Theresa Harmon
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