



**The friends of
Sammy Joe**

"Helping to create a better life"

**Working together to break down barriers.
Trichothiodystrophy, Xeroderma pigmentosum
& Cockayne Syndrome Trust Fund**

The Friends of Sammy-Joe Foundation Grant Application Form

All personal information collected from you is required to ensure that you are provided with the most relevant care. All personal information is stored in a secure manner and your consent will always be sought prior to using your information to make a referral to another service, if required.

Child's Name: _____ DOB _____/_____/_____

Parent's details

Mother's/Guardians name _____

Father's/Guardians name _____

Referring Agency: _____

Contact person: _____ Phone: _____

What is your child's diagnosis/ condition? Please describe your child's additional need(s), may include allergies, diabetes, epilepsy, asthma. (Please attach an action plan from your doctor if appropriate).

Is your child taking any ongoing medication?

Yes/No

If yes, what is the name of the medicine and how often is it required?

Does your child attend any specialists, therapists or other services?

Paediatrician: _____ Phone: _____

Physiotherapist: _____ Phone: _____

Speech Pathologist: _____ Phone: _____

Psychologist: _____ Phone: _____

Others: _____ Phone: _____

Grant Details

Please provide a detailed description of why you are requesting funds from the Friends of Sammy Joe Foundation; please include as much detail as possible including the amount you are requesting. (Please attach a separate sheet if additional space is required)

Do you have a letter from the doctor or referral from your case worker?
Yes/No

If yes, Please attach a copy

If you have any questions please contact Maria Liistro, CEO of The Friends of the Sammy – Joe Fondation on Phone: 0407 558 151

Please note the foundation will endeavour to meet all reasonable requests that are made, however we are a charitable organisation and at time our funds are limited.

<p>13 Hursley Court Craigieburn VIC</p> <p>Before posting the application please mark envelope CONFIDENTIAL</p>	<p style="text-align: center;"><u>Office Use Only</u></p> <p>Date application received: _____</p> <p>Date application was presented to the committee: _____</p> <p>Were funds approved? Yes/No Amount: \$ _____</p>
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