



LexCare
 859.699.9859
 Lexcare.org@gmail.com
 www.lexcare.org

GAP Financial Assistance Application

Please note

- Individuals are eligible for assistance up to \$500 in a five year period.
- GAP assistance funds are reserved for individuals that are in a financial crisis, who will be able to meet their own financial needs the next month or have a plan that resolves the crisis.
- The average referral **can take 4-6 weeks** to complete.
- Referral source **MUST** be a LexCare member; membership applications may be found on the website and submitted along with the referral. Referring member may be contacted for any necessary follow-up.
- Once the application is complete, release is signed and all required documents obtained, the referring member can fax or email referral.
- If application is not complete, the referral will not be processed.
- LexCare will review application and contact the vendor to verify the need.
- If approved, LexCare will notify referring member. Then a summary of the referral (without any identifying information) is sent to the Herald Leader to be printed in the "Make-A-Difference Column".
- After the story appears in the paper, readers may send donations to LexCare. Once funds are received LexCare will send payment directly to vendor and notify referring member.

Referred by:

Name: _____ Phone: _____ Email: _____

Agency: _____ Are you a LexCare member? _____ If yes, then when was your last membership payment? _____ If you are not a member you, please fill out a membership form and send in \$15 membership fee.

Applicant Information:

Name: _____ SS#: _____

DOB: _____ Gender: _____ Race: _____ Marital Status: _____

Phone: _____ Alternate Contact Name & number: _____

Email: _____ Address: _____

Other Household Members (list names, ages, SS# of adults) _____

Has anyone in the household applied for LexCare's financial assistance before? _____
If yes what were the results. _____

Total Household Income and Source(s): _____

Does anyone in your household receive Food Stamps: _____ If yes, how much? \$ _____

Estimate of Monthly Expenses (list each separately): _____

Total : _____

If outgoing expenses are more than monthly income, explain how applicant plans to make up the difference: _____



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Amount of assistance requested: \$ _____ Type of bill: _____

Describe the situation and reason for need for assistance: _____

Describe the work history/job skills of the applicant: _____

Have you served in the military? _____

If the bill is more than \$500, please explain how the client plans to pay the balance of the bill. Please note that LexCare cannot release funds to the vendor until the client has secured the funds for the balance of the bill. _____

How does the applicant plan to client meet expenses next month? _____

LexCare's GAP Assistance Fund is to be used as a last resource. What other resources have been utilized or attempted to be accessed? _____

Any other pertinent information: (cut off date, eviction date, etc) _____

Attach a copy of bill(s) and fill out information for payment below:

Vendor/Contact: _____ **Vendor/Contact:** _____

Address: _____ **Address:** _____

City/State/Zip: _____ **City/State/Zip:** _____

Phone: _____ **Fax:** _____ **Phone:** _____ **Fax:** _____

Email: _____ **Email:** _____

Amount: _____ **Account #:** _____ **Amount:** _____ **Account #:** _____

Before submitting referral please review that all parts have been filled out, that all documents are attached, and the release has been signed by applicant. Please note a referral cannot be approved or put on waiting list until LexCare receives a completed application and/or necessary documents.

I, _____, to the best of my knowledge, verify applicants need for assistance and submitted all necessary documentation. I understand that my name and agency name will appear in the Herald Leader Newspaper, "Make A Difference" column if the referral is approved.

Signature of Referring Member

Date



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LexCare 's Release Form

My signature below indicates my acknowledgement and agreement with the following statements:

For valuable consideration and in exchange for assistance and services provided and to be provided from LexCare, a Kentucky not-for-profit corporation, the receipt for which are hereby acknowledged.

I, _____, hereby unconditionally release and forever discharge LexCare, its officers, directors, attorneys, employees, agents, volunteers, representatives, successors and assign from any and all debts, claims, actions, causes of action and demands of any nature arising or allege to have arisen at any time to the date of this release now existing or which may hereinafter arise out of the relationship between LexCare and the undersigned.

I consent that LexCare may release any pertinent information to social service agencies, vendors or businesses that is necessary to complete services to my household.

I consent that social service agencies, vendors or businesses my release to LexCare any pertinent information that is necessary to complete services to my household.

I understand that any assistance provided is dependent upon the donations received. The maximum assistance allowed as ruled by the Board of Directors is \$500.

Signature of Applicant

Date

Signature of Referring Member/Witness

Date