disentangleAD®

GRANT APPLICATION FORM

FOR MORE INFORMATION:
WEBSITE: www.disentangleAD.com
PHONE: (601)-258-5620
EMAIL: info@disentangleAD.com

1. Applicant name (person completing the form):

_____

Address: _____

Phone: _____ Mobile Phone: _____

Email (if available): _____

Preferred Method of Contact: _____

2. Person living with dementia/Alzheimer's disease:

_____

Address: _____

Date of Birth: _____

Date Diagnosed with Dementia/AD: _____

3. Physician/Healthcare provider treating dementia/AD: _____

☐ Please include documentation of dementia/AD diagnosis.
(such as a letter from the treating provider or a recent office note)

4. Describe mini-grant request - What the funds will be used for and the time frame within which funds will be needed:

☐ Sitter/Respite ☐ Other

Describe: _____

_____

_____

5. Estimated cost of project or service request (max funding $1,500): _____

_____

6. How will this grant help you? _____

_____

_____

Signature: _____ Date: _____

MAIL YOUR APPLICATION:
disentangleAD
c/o Memory Center
415 South 28th Ave
Hattiesburg, MS 39401
or
EMAIL:
info@disentanglead.com

Grants will be given up to a value of $1,500 due to fund availability. Services must be received from licensed and insured organization. We cannot pay individuals. Applicant hereby fully and voluntarily releases the attached personal health information (PHI) to disentangleAD for the purpose of discerning the validity of the submitted grant application. disentangleAD is a fund at the Pinebelt Foundation.

For Office Use Only: Amount Approved: $ _____ Approved by Committee: Y or N Date: _____