



disentangleAD

GRANT APPLICATION FORM

SUBMIT APPLICATION ONLINE
OR FOR MORE INFORMATION:

WEBSITE: www.disentangleAD.com

PHONE: (601) 579-5016

EMAIL: info@disentangleAD.com

1. Applicant name (person completing the form):

Address: _____

Phone: _____

Email (if available): _____

Preferred method of contact: _____

Date: _____

2. Recipient name (person to receive assistance):

If same as above, check here:

Address: _____

Phone: _____

Email (if available): _____

Preferred method of contact: _____

3. Physician, hospital, or medical facility providing documentation of dementia diagnosis: _____

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

Sitter Hospice Respite Home Security Home Improvements

Describe: _____

5. Estimated cost of project or service request: _____

6. How will this grant positively impact your situation?

Signature: _____

**MAIL YOUR
APPLICATION:**
disentangleAD
c/o Memory Center
415 South 28th Ave
Hattiesburg, MS 39401

Grants will be granted up to a value of \$1,000 due to fund availability. Applicant hereby fully and voluntarily releases the attached personal health information (PHI) to disentangleAD for the sole purpose of discerning the validity of the submitted grant application.