



SOCIAL BUTTERFLIES FOUNDATION
EMERGENCY GRANT PROGRAM
ELIGIBILITY GUIDELINES

Applications for aid are screened by the Social Butterflies Foundation Emergency Grant Committee who evaluate according to defined criteria.

Grant Guidelines:

- Grant requests will be accepted on behalf of any medically diagnosed person with lupus and/or fibromyalgia residing within the following cities: Newport News, Hampton, Norfolk, Portsmouth, Chesapeake, Virginia Beach, Suffolk, Poquoson, York, and Williamsburg. The grantee must be 19 years of age or older and offer satisfactory evidence that lupus and/or fibromyalgia has been medically diagnosed including physician's verification (Medical Release Form).
- The Social Butterflies Foundation financial grant **MUST BE** directly related to the treatment of lupus and/or fibromyalgia or a "lupus/fibromyalgia-related" emergency. Grant requests are not accepted for rent, mortgage, or car payments.
- Applicants must identify the need and demonstrate how a grant will either fully cover the need or supplement personal or provider resources. Approved grants will be paid directly to the agency or provider.
- Grant requests must be exhaustive – requests will not be considered if assistance is available through **ANY** other sources (other organizations, government agencies, health insurance coverage).
- Grants are limited to two per 12-month period per person with a maximum of \$500.00.

Examples of Financial Need:

Purchase of necessary medications or drugs (on physician's orders), durable medical equipment rental or purchase, rental or purchase of personal care items designed to improve functioning of the grantee in activities of daily living (eyeglasses, hearing aids, specialized telephone equipment, adaptive living devices, adaptive clothing, etc.), temporary subsidy for emergency and non-recurring personal or living expenses to support the grantee's own efforts (created by sudden loss of job, loss of disability benefits, awaiting public assistance grants, awaiting other government grants or awards, personal trauma or tragedy, overwhelming medical expenses, etc.)

Social Butterflies Foundation
P. O Box 1652
Newport News, VA 23601
Tel: (757) 598-4532 Email: info@socialbutterfliesfoundation.org
www.socialbutterfliesfoundation.org

APPLICATION FOR LUPUS/FIBRO EMERGENCY GRANT

Please Print

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Mobile () _____

Email _____

*A copy of the applicant's current Driver's License or State ID must be included with the application.

If no telephone, check here Provide telephone where message can be left _____

Referral Information

Name: _____

Institution: _____

Address: _____

Telephone: () _____

Family Size (living in household) Adults _____ Children _____

Family Income (Source & Amount – indicate weekly , bi-weekly or monthly):

_____ Wages _____ Unemployment

_____ Public Assistance _____ Child Support/Support Payments

_____ VA Benefits _____ Food Stamps

_____ Social Security Disability/SSI _____ WIC

_____ Social Security Retirement Other sources of income (monthly): _____

Total Family Monthly Income: _____ Total Shelter (rent or mortgage, utilities) _____

Current Health Insurance:

Carrier: _____ Coverage period: _____

(HMO, Medicaid, Medicare, etc.)

Benefits applied for (if yes, status of application):

Public Assistance _____

Social Security Disability/SSI _____ Housing _____

-----MEDICAL REFERRAL FORM-----

Physician Name: _____ Date: _____

Hospital Affiliation: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: () _____

I give Social Butterflies Foundation permission to contact my physician
to verify my illness:

Signature: _____

Date: _____

Please Return Application to:

Attn: EGP
Social Butterflies Foundation
P.O Box 1652
Newport News, VA 23601