



## ***Emergency Relief Grant Application***

Socialbutterflies Foundation

P.O. Box 1652

Newport News, VA 23601

Tel: (757) 598-4532 Email: [lamisha@socialbutterfliesfoundation.org](mailto:lamisha@socialbutterfliesfoundation.org)

### *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, Harrisonburg and Williamsburg. The grantee must be 18 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, car payments, cell phone bills, or cable and internet services. Grant relief for utilities such as power, water and gas will be considered if it will exacerbate the survivors medical condition.
- 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 one per 12-month period per person.

**Examples of Financial Need:** *Purchase of necessary prescribed 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.)*

**Please Print:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Primary Telephone: ( ) \_\_\_\_\_

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 messages can be left : \_\_\_\_\_

Family Size (living in household): Adults: \_\_\_\_\_  
Children: \_\_\_\_\_

Family Income (Source & Amount – indicate weekley bi-weekley 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 Expenses (rent or mortgage, utilities) : \_\_\_\_\_

Current Healthcare Plan: \_\_\_\_\_ Co-Pay: \_\_\_\_\_

Request for the need of grant: \_\_\_\_\_

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Please List other sources used and Amount Requested: (must be exhausted before SBF can assist) \_\_\_\_\_

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Amount Requested from SBF:\$\_\_\_\_\_ Payable to:\_\_\_\_\_

Other Circumstances for the Grant Committee to consider:\_\_\_\_\_

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Please Provide/ Attach Copy of Outstanding Bills/Statements (must be within the past 2 months)

Authorization to Release Information (Health and Financial) to Socialbutterflies Foundation and Grant Committee to verify information:

Applicant Name(printed): \_\_\_\_\_

Applicant Name (signature): \_\_\_\_\_

Signature of Applicant for Emergency Grant: \_\_\_\_\_

Date:\_\_\_\_\_

*Please Return Application to:*

ATTN: Emergency Grant Committee

Socialbutterflies Foundation

P.O. Box 1652 Newport News, Virginia 23601

For expedited Review please email: [lamisha@socialbutterfliesfoundation.org](mailto:lamisha@socialbutterfliesfoundation.org)