

MANDY PROJECT APPLICATION

Name of Family_____

Address_____

Phone #_____

Names & Ages of Children_____

Name & Age of Child with Hearing Loss_____

School Child is attending_____

☐ Public School ☐ School for the Deaf ☐ Other

Are you a Grange Member? ☐ Yes ☐ No

If yes include the name and number of the Grange. You may also include information as to your involvement in the Grange.

Service needed for the Child with hearing Loss : Please check all that apply:

☐ Speech Therapy ☐ Surgery ☐ Hearing Aid(s)

☐ Other hearing related devices ☐ Other

Are you a citizen of the United States? ☐ Yes ☐ No

If you are not a citizen are you a legal immigrant? ☐ Yes ☐ No

Include a brief description of the cause of hearing loss if known, previous treatment, needed or expected treatment current and future. (Additional pages may be used if necessary).

What are your family goals for the child with hearing loss?

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Please include the following with this application:

- ____ Current expenses connected to child's hearing loss not covered by insurance.
- ____ Letter of proof of hearing loss or hearing test results or both.
- ____ Picture of child. (may be a family picture)
- ____ Letter granting permission for Grange to use story and picture for promotional purposes of the project.
- ____ A statement of need both financially and other. Why are you requesting funding from the Colorado State Grange Mandy Project? *Your financial situation may be a determining factor if many applications are received. What is your monthly income?*

Send Application to: Cindy Greer, 7629 C.R. 100, Hesperus, CO 81326
or fax to 970-588-3871.