



## Molly Ann Tango Memorial Foundation

*The Molly Ann Tango Memorial Foundation is a 501 (c) (3) not-for-profit organization which is devoted to providing support to enrich the lives of children with special needs, age 21 and younger, and their families.*

### **DEADLINE:**

**We accept completed applications on an ongoing basis until September 30. After that, your request will not be considered until the following year.**

### Application for Assistance

- Please do your best to provide complete information so that we can expedite your application.
- If you are requesting any type of financial assistance, please provide a written estimate or supporting documentation if possible. Also, please note that it is our policy to pay vendors directly.
- Please allow 30 to 60 days for our Board to consider your request. All requests must be received by Sept. 30 to be considered in that calendar year.

*Please send your completed application to:*

**Molly Ann Tango Memorial Foundation  
P.O. Box 15  
Ridgefield, CT 06877**

**or by email to: [info@mollytango.org](mailto:info@mollytango.org)**

If you have any questions, please contact us  
by e-mail at [info@mollytango.org](mailto:info@mollytango.org) or call us at (203) 403-7070.

*Thank you for the opportunity to assist you!*

**For Office Use Only**

Date received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Date contacted applicant: \_\_\_\_\_  
Case manager: \_\_\_\_\_

**NOTE: All information will be kept strictly confidential**

Today's date: \_\_\_\_\_

Child's name: \_\_\_\_\_

**INFORMATION ABOUT PERSON/ORGANIZATION MAKING THE REQUEST**

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

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

City, State, Zip Code: \_\_\_\_\_

Home or Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have we ever helped this child before? \_\_\_\_\_

If so, how much assistance was provided? \$ \_\_\_\_\_

**INFORMATION ABOUT THE CHILD**

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Child's address (if different from the one above)

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

City, State, Zip Code: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Child's diagnosis: \_\_\_\_\_

Brief description of diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSISTANCE OR RESOURCES REQUESTED**

Please provide a description of the financial assistance or resources you are requesting.

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If you are requesting financial assistance, please provide an estimate of the cost from the provider:

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Name/contact person of the provider you contacted (attach a written estimate if possible):

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Provider: Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Will any part of this item be covered by insurance? Yes/No If yes, what is the total cost? \_\_\_\_\_

How much will insurance pay? \$ \_\_\_\_\_

Please indicate if any assistance is being received or will be received from *any other* foundation or agency:

*(If you are requesting assistance for a handicapped accessible van, you must complete the van addendum on page 4 of this application)*

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**MEDICAL CONTACTS**

*The following information is necessary so that we may verify the child's condition:*

**Physician's Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Social Worker's Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Physical Therapist's Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## GENERAL RELEASE

I/we wish to participate in the benefits provided by the Molly Ann Tango Memorial Foundation.

I/we understand that participation in such a program is voluntary and that these benefits are provided by the Molly Ann Tango Memorial Foundation in furtherance of its humanitarian effort to provide financial assistance to the families of children with special needs.

I/we hereby release, discharge, indemnify and agree to hold harmless the Molly Ann Tango Memorial Foundation, its officers, directors, agents, sponsors, medical advisors, and volunteers from all claims, demands, causes of action, present or future, whether known, anticipated or unanticipated, resulting from, arising out of, or incident to our participation in the programs or benefits provided by The Molly Ann Tango Memorial Foundation.

Signed: \_\_\_\_\_

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

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## PHOTO RELEASE

**Please enclose a current photo of the child for whom this request is being made.**

The Molly Ann Tango Memorial Foundation may from time to time request to take and submit photos of your child/children to various publications for news-related stories about the Foundation and its related activities, including fundraising events. We may also use such photos for promotional purposes, such as in advertisements, press releases, web site use, etc. Please indicate whether you would approve the use of your child's photo for such purposes by marking the appropriate spaces below:

I will allow my child's photo to be used for promotional or news-related purposes:

YES \_\_\_\_\_ NO \_\_\_\_\_

I will allow my child's name to appear in print for news-related purposes:

YES \_\_\_\_\_ NO \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

# Van Addendum

Please complete this page if you are requesting assistance with the purchase or adaptation of a van.

### **Our Policy:**

**Our policy is to consider a contribution of up to \$3,000 towards the purchase of a new or used handicapped accessible van (or the conversion of a current van to be handicapped accessible). Please do not send in any part of this application for assistance until you have secured the other funding for your van purchase or conversion. A list of other foundations which might be able to assist you can be found on our website.**

When you have secured other funding, please complete the following information:

(See example at bottom for help)

1) Total cost of van: \$ \_\_\_\_\_

2) Other sources of funding (please list all sources by name)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total of line 2 (money received from other sources): \$ \_\_\_\_\_

3) Amount being requested from the Molly Ann Tango Memorial Foundation  
(line 1 minus line 2) \$ \_\_\_\_\_

***Note: if the balance on line 3 is more than \$3,000 please continue to find other sources of funding. Do not send this application to us until the balance on line 3 is \$3,000 or less.***

**Example:**

1) Total cost of van: \$29,900

2) Other sources of funding (please list all sources by name)

trade in \$12,000

XYZ Foundation \$ 9,000

ABC Grant \$ 6,000

Total of line 2 (money received from other sources): \$27,000

3) Amount being requested from the Molly Ann Tango Memorial Foundation  
(line 1 minus line 2) \$ 2,900