CONFIDENTIAL

Mark's Money Application

Completed Applications Should Be Mailed To:

Mark's Money
c/o Andrea Coonrod
1109 Davenport Blvd., #207
Franklin, TN 37069

IMPORTANT: THE APPLICANT'S PHYSICIAN MUST COMPLETE AND MAIL THE MEDICAL QUESTIONNAIRE TO MARK'S MONEY

What is Mark's Money?

Mark's Money is a tax-exempt 501 (c)(3) non-profit organization that provides financial assistance to persons with Down syndrome to improve their quality of life by meeting their daily living, employment, medical, residential, or social needs.

How did you find out about Mark's Money?

_____

_____

PART 1: Information on Person who is Eligible for Financial Assistance

Name: _____

Address: _____

City: _____**State:**_____**Zip Code:** _____**Birth Date:** _____

Phone Number: _____

Name & Address of Applicant's School or Place of Employment: _____

_____

PART 2:

Name of Person Completing Application: _____

Relationship to Applicant: _____

Address of Person: _____

City: _____**State:**_____ **Zip Code:** _____ **Email:** _____

Phone Number: _____

PART 3: Information Regarding Applicant's Medical Condition

What is the Applicant's diagnosis? _____

Please give a short description of the Applicant's diagnosis: _____

_____

_____

Name & addresses of the agencies where the Applicant is receiving services: _____

_____

_____

Applicant's Pediatrician/Primary Care Physician: _____

Phone number of the Applicant's Pediatrician/Primary Care Physician: _____

Name of specialists and/or therapists whom regularly treat the Applicant:

Name & Position	Telephone Number
_____	_____
_____	_____
_____	_____

PART 4: Financial Information

Mark's Money awards financial assistance up to $500 per applicant per year

What is the amount of financial assistance for which you are applying? $_____

Please give a short description of the financial need in which you are applying: _____

_____

How would this financial assistance improve the Applicant's quality of life? _____

_____

Has the Applicant previously applied for assistance from Mark's Money? _____

If yes, was the Applicant awarded financial assistance? _____

What is your annual household income? _____ (submit a copy of last year's tax return)

How many dependents do you have? _____

Should you be found eligible and are chosen to receive assistance, to what organization should the check be made payable?_____

PART 5: Release

I hereby certify that the information I have provided in this application is true, accurate, and complete. I hereby authorize Mark's Money or any person acting on it's behalf to investigate the statements made in this application, and any references provided herein, and further authorize the release of such information without liability to Mark's Money, it's respective officers, directors, or any person acting under it's authority. I HEREBY WAIVE, RELEASE AND DISCHARGE MARK'S MONEY, OR ANY PERSON ACTING UNDER THE AUTHORITY (RELEASES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASES.

_____ _____

Print Applicant's Name Signature of Applicant

_____ _____

Print Name of Person Completing Application Signature of Person Completing Application

Mark's Money Medical Questionnaire

TO BE FILLED OUT BY THE PERSON COMPLETING THIS APPLICATION:

Name of Applicant for Mark's Money: _____

Name of Person Completing the Application: _____

Phone Number: _____

I consent to the release of medical information to Mark's Money, understanding that Mark's Money will respect the confidential nature of the information given by the applicant's physician.

_____ _____
Signature of Person Completing Application Date

TO BE FILLED OUT BY THE APPLICANT'S PHYSICIAN:

1. **What is the applicant's primary diagnosis? _____**
2. **What is the ICD-9 Code for this diagnosis? _____**
3. **If any, what is the applicant's secondary diagnosis? _____**
4. **What is the ICD-9 Code for this diagnosis? _____**

_____ _____
Print Name of Physician Signature of Physician

_____
Date

PHYSICIAN'S OFFICE PLEASE MAIL TO:
Mark's Money
c/o Andrea Coonrod
1109 Davenport Blvd., #207
Franklin, TN 37069