

First In Families of Mecklenburg County

JOSHUA'S PROMISE APPLICATION

For Office Use Only:	FY#:
Date Application Received:	Date Application Processed:

Date of Application: _____ **Date for Funeral/Burial:** _____

How Did You Hear About Joshua's Promise? _____

ELIGIBILITY CRITERIA:

- Resident of Mecklenburg County Family of Pediatrics (up to age 18) Funds Available
 Congenital, Developmental Disabilities, i.e., Down Syndrome, Intellectual Disability, Cerebral Palsy,
Autism, Spina Bifida, etc Annual Net Household Income Does Not Exceed \$65,000

SECTION I: INFORMATION ABOUT THE DECEASED

Name: _____

Date of Birth: _____ Date of Death: _____

Place of Death: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Developmental Disability: _____ Date for Funeral/Burial: _____

SECTION II: FAMILY MEMBER/GUARDIAN MAKING THE REQUEST

Parent/Guardian's Name: _____

Relationship to the deceased: _____ Contact Number: _____

Address (if different from above) _____

City: _____ State: _____ Zip Code: _____

*May we contact the Professional Services Provider? Yes No

SECTION III: TOTAL HOUSEHOLD INCOME (include all family members in household)

How many adults live in the home? _____ How many children under age 18 live in the home? _____

Taxable Household Income (line 43 on 1040: line 27 on 1040A or line 6 on 1040EZ) _____

Child Support: \$ _____ SSI: \$ _____ Other: \$ _____

Please Note: The goal of Joshua's Promise Committee is to respond to your request within 48 business hours. Your Joshua's Promise Application may be hand-delivered, mailed or faxed to First In Families.

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SECTION IV: PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTATION:

1. Proof of Address for the Deceased and Parent/Legal Guardian (Medicaid Card; Driver's License)
2. Name, Address, Telephone Number and Contact Person at Funeral Home/Mortuary
3. Name, Address, Telephone Number and Contact Person at Cemetery
4. An Itemized Copy of the Funeral Home/Mortuary Professional Services
5. An Itemized Copy of the Cemetery's Professional Services

Please Note: Joshua's Promise will only consider professional services for the deceased's remains, i.e., embalming, cremation, urn, casket and cemetery plot.

By signing this document, I am certifying that I have completed this application and that I am aware of the request. This request will assist in the funeral and burial expenses of my child. I understand that the submission of this application does not guarantee that I will automatically receive the requested funds.

I understand that should my request for funds be approved, any and all checks will be made payable to the Professional Service Provider.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

(Please note that any incomplete information may delay processing your request)

**Completed applications should be delivered to:
Joshua's Promise
c/o First In Families of Mecklenburg County
4530 Park Road, Suite 300
Charlotte, NC 28209
704-536-6661 (office)
704-536-0074 (fax)**

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