

Application Questions

Eligibility Quiz

Prior Assistance*

Has the client received assistance from the A.V. Hunter Trust Funds for One program in the past?

Residency*

Has the client been a legal resident of the state of Colorado for the last 12 consecutive months prior to the date of the application?

Substance Abuse*

If there has been a history of alcohol or drug abuse, can the client provide proof of sobriety for the last 12 consecutive months prior to the date of the application?

Type of assistance*

The client may request funding toward the following:

- Section 1: Dental procedures (Fillings, Extractions, Dentures, and Partials).
- Section 2: Other Services (Hearing Aids, Eyeglasses, Protheses, Durable Medical Equipment, Other).

What is the amount of assistance requested?*

Section 1

Dental Procedures limited to:

(please check all dental procedures that are needed)

- Fillings
- Extractions
- Dentures
- Partials

Section 2

Other Services:

- Hearing Aids
- Eyeglasses
- Protheses
- Durable Medical Equipment
- Modification to a home or vehicle. Home or vehicle must be owned by the applicant.
- Other (please define below)
- Other Description

Client Information

First Name*

(Client Information Continued)

Last Name*

Date of Birth*

Marital Status*

Street Address*

City*

State*

Zip Code*

Number of Years at this Address*

Previous Address

Previous Street Address*

City*

State*

Zip code*

Number of years at this address*

Background Information

Please describe the situation of the client. This is your only opportunity to make a compelling case for funding from the A. V. Hunter Trust. Please include any information that you deem important including: health, description of any disabilities, employment, education, military service, and any other applicable personal information.

Optional -in addition, or instead of, you may attach a letter from the client explaining his or her own situation, if they choose.

Employment History

Employment History*

Is the client employed?

Current Employment

Name of Employer*

City*

State*

Type of business*

Position held*

Hours per week*

How many years?*

Previous Employment

Previous Employment*

All work history is relevant. Please list last place of employment including type of business, position held, hours worked, and length of employment. If they have not worked previously, please explain why.

Household Members

Household Members*

Please indicate the number of ALL persons living in the home, INCLUDING the client and spouse. Include children, other relatives, and any unrelated occupants.

Household Member Information

You will be asked the following information for each household member, including the client.

Name*

Relationship*

Relationship to client

Age*

Monthly Income*

Does this person have any monthly income including earnings, public and/or other assistance?

- Yes
- No

If YES, please type the total monthly income below along with a list of the sources of that income.

Some examples could include: Net Salary/Wage, Social Security, Unemployment, Workers Compensation, Supplemental Security Income, Social Security Disability Insurance, Old Age Pension, Temporary Assistance for Needy Families, Aid to the Needy Disabled, Veteran's Benefits, Pell Grant and/or other Educational Grants, Pension, Child Support or Other.

If NO, please type 0 (zero) for income and NA for the source.

Total Monthly Income*

Income Sources*

Housing Information

Do any household members own the home?*

- Yes
- No

Home Ownership Information

Who owns the home?*

Market Value*

Loan Balance*

Monthly Mortgage Payment*

Home Rental Information**Landlord Name*****Monthly rental payment for household*****Household Resources****Does the client have a checking account?*****Does the client have a savings account?*****Does the client receive food stamps?*****Checking Account Information****Checking Account Balance*****Savings Account Information****Savings Account Balance*****Food Stamp Information****What is the amount of food stamps received monthly?*****Automobile Information**

You will be asked the following information for each automobile.

Automobile Make / Model / Year***Year Purchased*****Balance Due*****Monthly Car Payment*****Monthly Household Expenses***

Please describe the client's current financial situation. Provide any information you feel may be relevant, including any circumstances that have impacted the client's financial need (example: relocation, healthcare costs, job loss, care of children or other family members.)

If the client shares living expenses with other household members, please give a general overview of the entire household's expenses.

Vendor Information**Vendor Name*****Vendor Phone Number*****Vendor Email Address***

*MUST HAVE A WORKING EMAIL ADDRESS FOR VENDOR.

Vendor Contact Person

(Vendor Information Continued)

Street Address*

City*

State*

Zip code*

Please attach Vendor estimate or dental treatment plan.*

How much can the applicant or the family contribute?*

What other agencies/organizations have been contacted and what is the status of the request?

You will be asked the following information for each organization.

Agency/Organization Name

Amount Requested

Request Status

Case Manager Requirements

By checking each item below, I am affirming that I have reviewed these documents for my client, I have a paper or electronic copy of these documents, and I can provide a copy to the A.V. Hunter Trust upon request.

Proof of Identification - e.g. Colorado ID, Driver's License, etc.*

Yes

Proof of at least one year's Colorado Residency e.g., Colorado ID, dated utility bill.*

Yes

Wages and Earnings*

Documentation of wages and earnings, including any award letters, if receiving any type of government assistance.

- Yes
- Not Applicable

Sobriety*

Documentation of at least one year of sobriety, if there is a history of alcohol or substance abuse.

- Yes
- Not Applicable