The Family Assistance Fund FAQ's

What is the Family Assistance Fund and What Does It Cover?

The funds from the Family Assistance Fund will be used to assist a family with a child (pediatric, teen, or even adult living with a pain disorder acquired as a child) with pediatric pain or the applicant directly to cover such costs as medical equipment that is not covered by insurance, therapy (i.e.: occupational or physical) that is not covered by insurance, the costs associated with traveling to meet a pediatric pain specialist (food, lodging, transportation costs), the cost of respite care so that the primary caretaker can have a break, and partial or full scholarships to camps or special programs or enrichment activities which are tailored to a child with pediatric pain. The Fund will have a set amount allocated to it per fiscal year (October 1st – September 30th). Once all the monies have been allocated, applications will be put aside for the following year. Awards will be paid directly to supplier for what funds are being used for (i.e. wheelchair -- payee will be wheelchair company supplying wheelchair, etc.).

What Criteria Will Be Used in Deciding Who Gets Awarded Funding?

Applications will be reviewed every 2-3 months. Each of the following criteria will be given equal weighting in importance:

> ➢ Financial Need (Proof through copy of tax return or letter from social worker may be required).
> ➢ Intended Use of Funds
> ➢ Length of Time Applicant Effected has been Dealing with Pain Condition (s)

FAMILY ASSISTANCE FUND APPLICATION

(Please fill out form and send as attachment in email to info@tcapp.org. You will receive a receipt notification. If not, please resend.)

Name of Applicant: _____

Age of Applicant: _____

Name of Pain Disorder: _____

Age of Onset or Age that Problems Began: _____

Amount Requested (Please Note/ Depending on Fund Balance, All Amount Requested May Not Be Possible): _____

Please Provide a Brief Description of What the Funds Will be Used For:

_____
_____
_____
_____
_____

Annual Net Family Income Last Tax Year (Please List All Sources): _____

Contact Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Preferred Method of Contact (Circle One): Telephone/Snail Mail/Email