

Oakes home trust Application

Please complete all sections in full of this application. An incomplete application may require additional questions and delay your request.

The Oakes Home Trust grew out of the work the Diocese of Colorado and All Saints Parish in the late 1890’s to care for patients with tuberculosis. As that disease became controlled, the purpose of the trust evolved to provide assistance for community health programs, medically indigent individuals, and wellness programs that promote health and well-being.

Name

Address

Phone Email

Congregation

Member of Clergy submitting the application

Name of person needing assistance

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Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description

Please include the following with this application:

* A cover letter briefly describing the situation and the reason for the application.
* Copies of the bills to be paid or reimbursed.

**Expenses:**

 Total amount of bills $

 Amount paid or payable by insurance $

 Amount of discount $

 Amount individual can pay, if any $

 **Amount requested from Oakes Home Trust** $

Will there possibly be future additional bills?

If yes, what is the estimated additional amount that might be requested?

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If approved, name the Person or organization the check should be sent to:

 Name Amount $

 Address

 Name Amount $

 Address

 Name Amount $

 Address

 Attach any additional information if necessary.

*We hereby certify that all information provided in this application is correct and complete.*

Date

Signature of clergy

Signature of person needing assistance

Send all information via email to:

Dianne Draper
dianne@episcopalcolorado.org

***If funds are granted and not used for the purpose described in this application, I agree to return the funds to The Diocese of Colorado immediately.***