



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

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?

\$ _____

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:

JANEY GRIGGS SALAZAR
janey@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.