NEW MEXICO ELKS ASSOCIATION
Cerebral Palsy Commission

APPLICATION FOR EQUIPMENT OR MEDICAL MODIFICATIONS TO EQUIPMENT OR FACILITIES

(Open to Any New Mexico resident. You do not need to be an Elk)

Please Print

DATE: _____

A. APPLICANT

LAST NAME FIRST M.I.	SOCIAL SEC. NO.	DOB	SPOUSE'S NAME
ADDRESS	CITY & STATE	ZIP	PHONE #
EMPLOYED AT (Firm Name)*	FIRM ADDRESS		MONTHLY INCOME*
SPOUSE'S EMPLOYMENT*	ADDRESS		MONTHLY INCOME*
EMAIL ADDRESS:	*If under 18 years of age, section B MUST be completed*		

B. PARENT/GUARDIAN

LAST NAME FIRST M.I.	RELATIONSHIP TO APPLICANT	SPOUSE	NO. OF OTHER CHILDREN
ADDRESS	CITY & STATE	ZIP	PHONE #
EMPLOYED AT (Firm Name)*	FIRM ADDRESS		MONTHLY INCOME*
SPOUSE'S EMPLOYMENT*	ADDRESS		MONTHLY INCOME*
EMAIL ADDRESS:	**If Unemployed or disabled, List all Government Assistance applied for and amount received*		

C. FINANCIAL STATEMENT

HOME ADDRESS ☐ RENT ☐ OWN	$ Est. Value	$ Amt. owned	$ Mo. payment
REAL ESTATE—LOCATION & TYPE			
AUTOS—MAKES & MODELS			
UTILITIES			
MEDICAL BILLS COMBINED			
CREDIT CARDS COMBINED			
LOANS COMBINED			
OTHER DEBTS—DESCRIBE			
TOTALS:	$	$	$

Estimates/Quotes on the cost of equipment or medical modifications to equipment or facilities

D. REQUEST

VENDOR/CONTRACTOR	PURPOSE	AMOUNT	LESS INSURANCE/MEDICARE/MEDICAID/ASSISTANCE	AMOUNT REQUESTED

Checks will only be written to a vendor/contractor or Local Elks Lodge. Direct financial aid to individuals in not available through this program. **Please attach quotes, bids or estimates to this application.**

All Applicable Sections of This Application Must be Answered Completely to be Accepted for Consideration (including Page 2)
Return Completed applications to your LOCAL Elks Lodge.

E. PLEASE EXPLAIN REASON FOR REQUESTING ASSISTANCE. ATTACH LETTERS, ETC FOR CONSIDERATION

1800 Characters Allowed

F. IF APPROVED I WOULD LIKE:

NOTIFICATION BY: ☐ **Email** ☐ **Postal Mail** ☐ **Telephone**

FUNDS NEEDED BY: _____

APPLICANT OR GUARDIAN: _____
Signature (Guardian must sign if under 18)

Application will be returned to the Lodge if Not Answered Completely

G. Approved by Lodge _____ **Lodge No.** _____ **Date:**_____
(Lodge Name)

By:_____ **Title:** _____
Signature

Applications must be signed by Exalted Ruler, Secretary or Lodge CP Chairman

H. ACTION BY CP COMMISSION: ☐ **Approved** ☐ **Disapproved** ☐ **Deferred**

Date: _____ **Amount:** _____

Applicant Notified: **Date:** _____ **How:** _____

Lodge Notified: **Date:** _____ **How:** _____

CP Chairman: _____ _____
Signature ***Date***