



3207 Tulip Street  
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Project Joy and Hope provides supportive care services for children with life-limiting conditions and their families.

## Family Assistance Grant and/or Hope Housing Services Application

Please fax or email this form directly to: [jan@joyandhope.org](mailto:jan@joyandhope.org).

Date: \_\_\_\_\_

Person completing this application: \_\_\_\_\_ Title: \_\_\_\_\_

Referring Source: Agency, Organization or Individual: \_\_\_\_\_

Referral Source Address: \_\_\_\_\_

Referral Source Phone: \_\_\_\_\_ circle: office cell home

Referral Source Email Address: \_\_\_\_\_

Request/referral for Hope Housing Services?  or Family Grant?

Client information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Spouse: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Does this family OWN a home or RENT? Circle OWN or RENT If OWN, provide address:

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Combined gross income: \_\_\_\_\_ Employer name: \_\_\_\_\_

Medically Fragile Child: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Sex: M F Age at Diagnosis: \_\_\_\_\_ Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Siblings: Yes No If yes: Name, M/F, and age of each sibling

\_\_\_\_\_ M F age \_\_\_\_\_ M F age \_\_\_\_\_

\_\_\_\_\_ M F age \_\_\_\_\_ M F age \_\_\_\_\_

Has family received financial assistance from any other groups or nonprofit agencies in the last twelve months? If so, who and what amount? \_\_\_\_\_

List client sources of income and amounts, including GOFUNDME, family fundraisers, etc. (please label each monthly, one-time, annually):

\_\_\_\_\_  
\_\_\_\_\_

Purpose of the request (specifically how will grant be utilized): (Attach any helpful documentation, copy of bill, past due notice, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for the request (special or mitigating circumstances):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this request is for Tulip Project housing, please answer the following:

Has this family ever resided at Ronald McDonald House? \_\_\_\_\_ Has this family been denied access to Ronald McDonald House? Yes No

If Yes, indicate why. \_\_\_\_\_

Why do you believe the Tulip Project is the best housing option for this family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For PJH staff use only:*

Application status: Approved Pending Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_