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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 Referral

Please email this form directly to: 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:

Parent Last Name: _____ First Name: _____ Middle: _____

Spouse: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

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

Home Telephone: _____ Work: _____ Cell: _____

Combined gross income: _____ Employer name: _____

Name of Medically Fragile Child: _____ Relationship to applicant: _____

Sex: M F Age at Diagnosis: _____ Present Age: _____ Date of Birth: _____

Diagnosis: _____ Primary doctor attending: _____

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:

Special Accommodations:

Does either parent work remotely? _____

Do other siblings have any special health care needs? _____ If yes, please explain:

Does child utilize a registered service animal? _____ If so, what kind? _____

Has this family ever resided at Ronald McDonald House? _____ Has this family been denied access to

Ronald McDonald House? _____ 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: _____

