

The Ethan Henry Lecours Foundation is a non-profit organization. We provide support to families and organizations in the Northeast caring for individuals with developmental disabilities and special needs. The Foundation was created as a tribute to our very courageous and brave little boy, Ethan Henry Lecours.

To be considered for assistance (such as equipment, supplies, or monetary funds to cover expenses) from the foundation, please review the checklist and complete the required form.

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## APPLICATION FOR ASSISTANCE

Use this checklist to help expedite your request.

### SUBMITTAL CHECKLIST:

Every application must have the following documentation to be processed:

- Complete application with signature (Pages 2-3)
- Letter from medical professional (on letterhead) including the recipient's diagnosis, history of illness, specific request for funding and other relevant information
- Letter detailing any other awards granted/fundraising completed
- For organizations, include a detailed letter of explanation
- Recipient's photograph (this is not a requirement)  
\*Please see the media release on Page 4

**Our team reviews applications monthly. You can expect a response within 30 days.**

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### CONTACT AND APPLICATION SUBMITTAL INFORMATION:

#### Application Submittal:

**Mail:** Ethan Henry Lecours Foundation  
P.O. Box 193  
Lincoln, RI 02865

#### Contact:

**Email:** [info@ethanhenry.org](mailto:info@ethanhenry.org)

**PLEASE COMPLETE THIS PAGE IN ITS ENTIRETY**

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**RECIPIENT INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Birth date (MM)\_\_\_\_\_(DD)\_\_\_\_\_(YYYY)\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

If you are an organization, please list entity name: \_\_\_\_\_

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**CONTACT INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to recipient \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone \_\_\_\_\_ E-mail address \_\_\_\_\_

How did you hear about our Foundation? Family \_\_\_\_ Friend \_\_\_\_ Social Worker \_\_\_\_ Social Media \_\_\_\_

Health Care Professional \_\_\_\_ Other \_\_\_\_ (Please describe): \_\_\_\_\_

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**GRANT INFORMATION**

(Additional information can be attached)

Total amount of grant request \$ \_\_\_\_\_

Description of request \_\_\_\_\_

Has funding been requested from additional sources? Yes \_\_\_\_ No \_\_\_\_ If yes, please list \_\_\_\_\_

If funding has been received, from whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

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**MEDICAL INFORMATION**

(Health care professionals associated with current care)

Medical professional's name \_\_\_\_\_ Title (DO, MD, etc.) \_\_\_\_\_ Organization \_\_\_\_\_

Recipient's clinical diagnosis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**REQUEST FOR TREATMENT OR SERVICES (if applicable)**

Type of treatment \_\_\_\_\_

Number of treatments/visits \_\_\_\_\_ Cost per treatment/visit \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

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**REQUEST FOR EQUIPMENT/SUPPLIES**

(Attach additional pages listing equipment or supplies if needed)

Type of equipment/supplies \_\_\_\_\_

Cost of equipment \$ \_\_\_\_\_

## REQUIRED—CONSENT TO RELEASE INFORMATION AND AFFIRMATION

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The Ethan Henry Lecours Foundation reserves the right to distribute funds at its sole discretion.

I have read the guidelines for financial assistance and I declare that the information furnished on this application form, including attached sheets, is true and correct to the best of my knowledge. (Please refer to the checklist at the top of page one of the applications and attach all required documentation prior to submitting the application.)

When awarding a grant, the Ethan Henry Lecours Foundation is not advocating for the specific health care providers or medical equipment suppliers, but only providing the funds to enable you to access the services and equipment. You acknowledge and agree that accepting a grant from the Ethan Henry Lecours Foundation is strictly voluntary.

Furthermore, you agree that you will be responsible for any choices you make regarding the medical care, equipment, or supplies, or for the failure, malfunction, repairs or ongoing maintenance of any equipment obtained as a result of the grant of funds. The undersigned hereby assumes all risk of injury, harm or damage as a result of the use, fitness or sufficiency of any medical care, equipment or supplies obtained as a result of the grant of funds and will forever discharge the Ethan Henry Lecours Foundation from any and all claims, liability, demands, damage, costs, expenses and causes of action due to death, injury, loss or damage to the undersigned and/or their child or children.

Dated this \_\_\_\_\_ day of, \_\_\_\_\_, in the year \_\_\_\_\_

Authorized signature \_\_\_\_\_ Please print name \_\_\_\_\_

Authorized signature \_\_\_\_\_ Please print name \_\_\_\_\_

## MEDIA RELEASE CONSENT

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\*Signing the media release form is not a requirement in order to receive assistance from the Ethan Henry Lecours Foundation\*

I hereby give my permission for the Ethan Henry Lecours Foundation and/or its representatives to use photographs and/or videotapes of my child or myself and to use our names and information. These images or voice recordings may be used, but not limited to, printed materials, publications, slideshows, or appear on the Internet (i.e., social media). I understand they will be used to inform families, volunteers, media and the general public about the Ethan Henry Lecours Foundation and its programs, services, or events. I give this authorization to support the efforts of the Ethan Henry Lecours Foundation. I understand this authorization shall continue until terminated in writing.

I grant permission for the use of photos of myself to be used \_\_\_\_\_

I deny permission for the use of photos of myself to be used \_\_\_\_\_

Recipient's name (please print) \_\_\_\_\_ DOB \_\_\_\_\_

Authorized name: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date \_\_\_\_\_