



OK Dental Relief & Disaster Grant Program

Application for Relief Grant

Date: _____

Applicant Information

Name: _____

Current address: _____

City: _____ State: _____ ZIP code: _____

Primary phone: _____ Cell phone: _____ E-mail address: _____

Date of birth: _____ Marital status: _____

Number of adults in household, including self: _____ Number of dependents (under age 19): _____

Employment Status

Current employer: _____

Month/year began to month/year end date: _____

Provide additional details about employment below:

Financial Information

Please complete Appendix A, Monthly Net Income

Please complete Appendix B, Net Assets

Description of Emergency and/or Hardship

To help the RDGP better understand your circumstances, please complete the following questions.

Provide any backup documentation to your responses as attachments.

1. What monthly dollar amount is needed in an RDGP Relief Grant to make you financially stable?
(RDGP assistance is for essential living expenses only)
2. What specific life circumstance has precipitated your financial need, and when did it occur? Provide as many details as possible.

3. Have you or do you plan to utilize any personal benefits or resources to meet your needs?
(other resources available to you may include, but are not limited to, resources through your employer, 401(k) loan, long term care insurance, disability, etc).
(attach documentation of support for these resources)

___Yes ___No If yes, what benefits have you used or plan to use?

4. What other outside sources of support are available to you?
(examples include but are not limited to family, community resources, Department of Aging, VA benefits, etc.)
(attach any documentation of support for these resources)

5. Have you or another household member previously requested assistance from the RDGP?

___Yes ___No If so, when (month/year)?

Acknowledgement

By signing below, I represent and acknowledge that the above information is accurate and true to the best of my knowledge and has been provided in conjunction with my application for charitable assistance from the Relief and Disaster Grant Program.

Print Name: _____

Signature: _____

Date: _____

Application Check List

Before submitting your application, confirm that the following have been completed:

- ✓ Confirm all application questions are answered
- ✓ Sign and date the application
- ✓ Complete Appendix A, Monthly Net Income

- ✓ Complete Appendix B, Net Assets
- ✓ Attach any supporting documentation to the application including, but not limited to:
 - Tax Returns
 - Checking/savings account information
 - Social Security benefits
 - Medicare/Medicaid benefits
 - Veterans benefits
 - Medical records

Once the application is completed and all accompanying information is attached, send the documents to the following address: **OK Dental Relief & Disaster Grant Program, 317 NE 13th Street, Oklahoma City, OK, 73104; Attention: Shelly Frantz**

If you have any questions about the RDGP Relief Grant application process contact Abby Sholar, Special Projects Manager at 405.848.8873 or asholar@okda.org.

Appendix A

Calculation of Monthly Net Income

Monthly Household Income (provide backup documentation when available)	
Salary	\$
Partner/Spouse Work Income (monthly income obtained by partner, spouse or other family member in your household):	\$
Additional Income <i>(other monthly income obtained by yourself through additional jobs, alimony, child support, disability, insurance payments, etc.)</i> Please itemize with specific amount:	\$
Veteran's Benefits	\$
Social Security Benefits	\$
Insurance Benefits (including health, accident and disability) Please itemize:	
Retirement Distributions (IRAs, Keogh etc.):	\$
Interest and Dividends	\$
Other Income Please explain and itemize:	
TOTAL Monthly Household Income	\$

Monthly Household Expenses (provide backup documentation when available)	
Housing <i>(includes mortgage/rent, housing fees, homeowners or renter's insurance, and real estate taxes)</i>	\$
Utilities <i>(includes gas, electric, water, sewer, primary phone, and basic cable)</i>	\$
Food <i>(includes groceries, meals out, and snacks and beverages for the entire household)</i>	\$
Clothing	\$
Transportation <i>(includes monthly car payment, insurance, and gas and/or public transportation costs)</i>	
Medical Not Covered by Insurance <i>(includes regular monthly out-of-pocket medical and/or dental expenses, and over-the-counter or prescription medication not covered in a household member's paycheck)</i>	\$
Insurance Payments (homeowners/renters, life insurance, etc.)	
Childcare <i>(includes out-of-pocket expenses for childcare not subsidized for minors/elders in your household during work hours)</i>	\$
Other Please explain and itemize:	
TOTAL Monthly Household Expenses	

NET MONTHLY INCOME (total monthly income minus total monthly expenses) **\$**

Appendix B

Calculation of Net Assets

Assets	
Current Checking Account Balance Bank name:	\$
Current Savings Account Balance Bank name:	\$
Real Estate	\$
Life Insurance (cash value)	\$
Investment Accounts (stocks, bonds, mutual funds, etc.)	\$
Business Interests (including dental practice) Please explain and itemize:	\$
Car(s)	\$
Retirement Accounts (401(k), IRA profit sharing, pension, annuities, deferred comp arrangements, etc.)	\$
Notes and Other Receivables	\$
Tangible Personal Property (furnishings, jewelry, furs, antiques, and collectibles)	
Other (please explain and itemize)	\$
TOTAL ASSETS	

Liabilities	
Auto Loan(s)	\$
Mortgage	\$
Credit Card Debt	\$
Other Debt <i>(includes child support, garnishments, IRS repayments, student loan repayment, other loans etc.)</i>	\$
Other Liabilities Not Included in Other Sections Please explain and itemize:	\$
TOTAL LIABILITIES	\$