



The **DOMINION FOUNDATION**
for Christian Science Nursing, Inc.

Application for financial assistance with
Unpaid Christian Science Nursing Invoices

We communicate directly with the individual who received Christian Science nursing care. The Christian Science nurse cannot apply for the individual. Did you receive care from a Christian Science nurse?

Yes No

We provide grants for unpaid Christian Science nursing invoices, not for Christian Science practitioner’s bills or the costs of staying at a Christian Science facility. Do you have unpaid invoices after receiving Christian Science nursing care?

Yes No

Did you receive this Christian Science nursing care in the home? A home is defined as a private residence where the applicant resides, not a Christian Science nursing facility or the Christian Science nurse’s home.

Yes No

If you answered “Yes” to these questions, you may qualify for a grant. Please complete the application fully to enable us to process your request. All information you provide will be kept strictly confidential.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Monthly Income

Wage/Salary \$ _____

Social Security \$ _____

Annuity \$ _____

Dividends/Interest \$ _____

Other income \$ _____

Total Monthly Income \$ _____

Assets

Checking Account \$ _____

Savings account \$ _____

Real estate—Home \$ _____

Real estate—Other \$ _____

Stocks/Bonds \$ _____

Insurance \$ _____

Other assets \$ _____

Total Assets \$ _____

Monthly Expenses

Mortgage/Rent \$ _____

Utilities \$ _____

Insurance \$ _____

Other expenses \$ _____

Total Monthly Expenses \$ _____

Liabilities

Mortgage \$ _____

Debts \$ _____

Other liabilities \$ _____

(Please explain)

Total Liabilities \$ _____

After insurance benefits have been fully utilized, The Dominion Foundation for Christian Science Nursing, Inc., will consider payment of the remaining expenses for Christian Science home nursing care. This includes insurance deductibles.

Do you have health or disability insurance or other sources of financial assistance that would cover part of the costs of the Christian Science nursing?

Yes No

Where else have you applied for funds? _____

Estimated financial assistance needed \$ _____

Please submit **unpaid invoices** from the Christian Science Nurse with this application and mail to The Dominion Foundation for Christian Science Nursing, Inc., to the address on Page 1.

I will mail in my unpaid Christian Science nurses invoices with this application.

I will email my unpaid Christian Science nurses invoices separately to dominionfoundation91@gmail.com.

By providing my signature below, I affirm that all information provided on this form is accurate.

Signature of Applicant _____ Date _____

Applications and invoices are reviewed on a monthly basis by the Trustees. You will be notified shortly after the monthly meeting.

Applicants receiving grants will be mailed a check made out to the Christian Science nurse. All communication regarding the grant will be with the applicant, not the Christian Science nurse.