FAZEL FAMILY
FOUNDATION

INDIVIDUAL GRANT APPLICATION

To be completed by Patient or Assisting Applicant if Patient Unable to Complete

Please submit the completed Individual Grant Application and Diagnosis Verification by email to fazelfamilyfoundation@gmail.com or mail to:

Fazel Family Foundation
3910 East 51st Street
Tulsa, OK 74135

APPLICANT CONTACT INFORMATION Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship to Patient: _____

PATIENT INFORMATION

Full Name: _____

Address (if different from Applicant): _____

_____

Date of Birth: _____

DESCRIPTION OF REQUEST FOR EMERGENCY MEDICAL OR DISTRESS GRANT
(Attach additional pages if necessary.)

_____

_____

_____

_____

_____

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DIAGNOSIS VERIFICATION

To be completed by Treating Provider

The Fazel Family Foundation offers one-time assistance to eligible patients suffering from medical emergency and distress. By signing this Diagnosis Verification, you are providing valuable information that the Foundation will use in determining individual grant assistance.

TREATING PROVIDER INFORMATION

Treating Provider Name, Credentials: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Who is the Primary Office Contact for this application: (social worker, nurse, etc.) first and last name *preferred*; first name and at least last name initial *required.*

Name: _____ Telephone: _____

PATIENT INFORMATION

My patient, _____, DOB: _____

is being treated for _____

_____ (Diagnosis).

Approximate date condition commenced: _____

Probable duration of condition: _____

Describe other relevant medical facts, if any, related to the condition for which the patient seeks financial assistance (such medical facts may include symptoms, effect of condition on work capacity, any regimen of continuing treatment, the need for specialized equipment, etc.):

_____

_____

_____

Signature of Treating Provider: _____

PRINTED Treating Provider's Name: _____

Date: _____

Questions can be directed to the Fazel Family Foundation at FazelFamilyFoundation@gmail.com.