



2020 MCT8-AHDS Foundation Support Grant Application

To Be Completed by the Parent /Guardian of a child or adult with the diagnosis of MCT8-AHDS.	
Name of the applicant:	Current Phone Number:
Applicant's relationship to the Child/Adult (e.g parent, grandparent or guardian):	Email:
Child/Adult's Name:	Age of the child or adult:
Current Address:	City:
Country:	Zip Code:
Has your child/adult been diagnosed with MCT8-AHDS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, please note that these grants are only for people diagnosed with MCT8-AHDS.</i>	
Are you currently a member of the MCT8 Facebook group?	
<input type="checkbox"/> Yes, I am under the name: _____	
<input type="checkbox"/> No, I am not a member. Why?	



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Type of therapy you are requesting the MCT8-AHDS Support Grant for:

- Physiotherapy
- Occupational Therapy
- Speech Therapy
- Other (e.g. hydrotherapy etc) _____

OR

Please describe and attach an image or link for the type of equipment you are requesting the MCT8-AHDS Support Grant for:

Do you have access to therapies or equipment through your state or national programs?

Yes, we receive these therapies or equipment free-of-charge:



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Yes, we receive these therapies or equipment subsidized. Please list:

No, we receive nothing.

If requesting equipment:

What is the cost of the equipment (grants will be given with the condition that the value of the equipment is lower or equal to \$1,000 USA dollars. We will also require a price quotation for the item.)

Are you buying this new or second hand?

If requesting therapy:

What type of therapies do you currently do (please list along with how often your child/adult receives them)?



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Therapy type	Frequency	

Do you pay for a portion of your Child/Adult therapies?

Yes, I pay for ___% of their therapy

No





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How often does your son currently have the therapy you are requesting for a MCT8-AHDS Support Grant?

- Weekly, _____ times per week
- Monthly
- Other: _____
- Not Applicable, we are not currently doing this therapy but would like to try it.

If this is a new therapy, how often would you like your son to do it? _____

Why do you feel this therapy is beneficial?

What is the hourly cost of the therapy you are applying for?
Please attach a quote from a licensed therapist for the requested therapy.

In your own words, why should the MCT8-AHDS Foundation approve this application?



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I stipulate that the information included in this application is true to the best of my knowledge. Further, I understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of MCT8-AHDS Foundation. If inaccurate statements can be proven to be the result of negligence or intentional inaccuracies on my part, MCT8-AHDS Foundation may be entitled to a full refund of any funds awarded.

RELEASE OF LIABILITY

In consideration of the receipt of certain enabling equipment or therapy awarded by MCT8-AHDS Foundation, I release and forever discharge MCT8-AHDS Foundation, their members, employees and officers from and against any and all claims arising from or related to:

- 1) any alleged malfunction of or defect in the enabling equipment;
- 2) any allegation that the enabling equipment or therapy was not appropriate or suitable for the Recipient;
- 3) any other matter, of any type, related, in any way, to the Recipient's receipt or use of the enabling equipment or therapy.

Date:

Grant Applicants Signature:



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TIMELINE

1st of July – 31st of July - MCT8-AHDS Foundation receiving applications to Contact@mct8.info

1st of August – 31st of August - MCT8-AHDS Foundation assessing applications. Applicants may be contacted for further information.

7th of September - Notification of applicants.

The official announcement will be made on the mct8.info site as well as on the MCT8-AHDS Facebook Community and MCT8-AHDS Foundation Facebook page.

The five families will also be contacted via the email they provided on the application forms.

7th of September - 21st of September - successful applicants to send their bank details for the money to be transferred. Should that not happen, the next family on the waiting list will be contacted and offered the grant. Once the banking details are received, the money transfer will be made without delay.

Should the grant be approved for equipment, the foundation will require a photo of the equipment after purchase.

GRANT APPLICATION CHECKLIST

- Application form complete
- Price quotation for therapy (from a licensed therapist) or equipment to purchase.

Good luck!