



**MCT8 - AHDS
Foundation**

Ultra-rare syndrome
Striving for a cure. Empowering families



MCT8-AHDS Foundation Grant Application

To Be Completed by the Parent/Guardian of a child or adult with the diagnosis of MCT8-AHDS.	
Name of Applicant:	Current Phone Number:
Applicant's relationship to the Child/Adult (e.g. parent, grandparent, guardian):	Email:
Child/Adult's Name:	Age of Child/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>Please note: Grants are only for people diagnosed with MCT8-AHDS.</i>	
What type of grant are you applying for? <input type="checkbox"/> Therapy <input type="checkbox"/> Equipment <input type="checkbox"/> Emergency Support <input type="checkbox"/> Funeral Expenses/Grief Counseling	
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.	

Requirement for ALL Grants:

A letter from the patient's doctor confirming diagnosis must be included. The letter should be signed and include all relevant contact information.

*** Please do not include specific medical or mutation information. ***



MCT8-AHDS Grant Guidelines

Therapy & Equipment Grant

Provides support to help provide therapy and equipment: \$1000 USD

- Up to 5 grants per calendar year will be distributed based on budget.
- Maximum of 1 Therapy & Equipment grant per patient per calendar year.
- Application must be completed and include a price quotation for the therapy service (from a licensed therapist) or equipment to be purchased.
- If the equipment or therapy is more than \$1000 USD, family needs to explain how they will cover/raise funds for the remaining cost of the equipment.
- Equipment & Therapy will be reimbursed based on receipts provided OR we will pay directly to the vendor.
 - Should the grant be approved for equipment, the foundation will require a photo of the equipment after purchase.
- This grant does **not** cover medications

Emergency Support Grant

Provides support for unplanned hospital stays to help cover parking & food costs

- Up to \$50 USD per day in the hospital up to a max of \$500 USD
- Stay must be unplanned. Scheduled surgeries, etc. are not eligible.
- Maximum of 1 Emergency Grant per patient per calendar year.
- A note from the doctor or hospital confirming hospital stay must be submitted with the application and include:
 - Hospital admission dates
 - Child's name
 - **Please DO NOT provide any medical details**
- Application must be received within 30 days of hospital discharge, unless good cause is shown for the delay.
- At the Board's discretion, it may extend the deadline to submit the application upon the presentation of a valid explanation of extenuating circumstances that prevented the submission within 30 days if discharge.

Funeral Expenses OR Grief Counseling Support Grant:

Provides support for funeral expenses or grief counseling in time of loss of child with MCT8-AHDS: \$1000 USD

- Providing support in the time of loss of one of our children affected by MCT8-AHDS.
- Application must be received 6 months after death, unless good cause shown for the delay.
- At the Board's discretion, it may extend the deadline to submit the application upon the presentation of a valid explanation of extenuating circumstances that prevented the submission within 6 months from the date of passing.



Therapy & Equipment Grant

Are You Applying for a Therapy Grant?

Yes: Answer the following questions in this section.

No: Skip to the next section: [Are You Applying for an Equipment Grant?](#)

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

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

Why do you feel this therapy is beneficial?

Please attach a quote from a licensed therapist for the requested therapy that provides the hourly rate and number of sessions this grant will cover.

Are You Applying for an Equipment Grant?

Yes: Answer the following questions in this section.

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

- 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).
- Are you buying this new or secondhand?
 - If new, a price quotation for the item will be required.
 - If second-hand, a screenshot or copy of the advertisement or message showing price will be required



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Complete This Section for Both Equipment and Therapy Grant Applications:

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

- Yes, we receive these therapies or equipment free-of-charge. Please list:
- Yes, we receive these therapies or equipment subsidized. Please list:
- No, we receive nothing.

In your own words, why should the MCT8-AHDS Foundation approve this application? If additional space is needed, please attach a separate page.

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 are the result of negligence or intentional inaccuracies on my part or funds are not used for their designated purposes, MCT8-AHDS Foundation shall 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.

Grant Applicants Signature

Date

Grant Applicants Name Printed



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Applicants will be contacted via the contact information provided on the application forms.

Should payments not be paid directly to the vendor, successful applicants shall send their bank details for the money to be transferred within 60 calendar days. Additionally, if further information is requested, applicants will have 60 calendar days to respond. Should that not happen, the application will be closed and 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.