



New England Connection for PKU and Allied Disorders
 A Non-Profit Organization
 27 Murray Circle, Raynham MA 02767
 www.necpad.org

**Financial Application Form for Canavan Grant
 Massachusetts Residents FY 2021**

- Section 1: Applicant contact information
 - Section 2: Application for reimbursement for goods or services
 - Section 3: Application for delivery of goods or services
 - Section 4: Application for Camperships
 - Section 5: Application for Scholarship
- Section 1 required. Section 2-4 complete as applicable.**

Please print clearly or type your information

Section 1: Contact Information. All fields required.

Applicant/Guardian Name:	
Massachusetts Address:	
City and Zip Code:	
Telephone:	(cell) (home)
Email Address:	
Name of PKU/AD patient:	
Patient Date of Birth:	
Metabolic condition name:	
PKU/AD Clinic Name And Metabolic Doctor Name:	
	<i>Note: All personal information will be kept confidential by NECPAD, and only first name and first initial of last name will be used if needed when reporting to Massachusetts Department of Public Health (DPH). Unless otherwise notified by applicant, NECPAD will retain your contact information to add to or update our current database which is used to keep families updated and informed of NECPAD opportunities and upcoming events.</i>

APPLICATION DEADLINE IS JUNE 1, 2021.
Late applications, up until June 30, 2021, will be accepted.
PLEASE NOTE: All applications will be reviewed and processed on a "first come, first served" basis.

This application can be edited electronically and emailed to NECPAD at necpad.org@gmail.com with supporting documentation attached as a file, or it may be printed and returned by mail to:

NECPAD – Canavan Grant
 c/o Tanya Parrazzo
 27 Murray Circle
 Raynham, MA 02767

NECPAD will do its best to accommodate every request for assistance as possible given the budget that has been approved by DPH, but we cannot guarantee that all requests will be granted. NECPAD will work closely with the metabolic clinics to reach out to all Massachusetts PKU and Allied Disorder patients and their families and to determine need. If you have any questions when completing the application or about the Canavan Grant in general, please e-mail necpad.org@gmail.com or call Denise Queally at 781-706-9219.

Section 2: Application for Reimbursement.

Please attach receipt or proof of purchase dated between January 2021 and 6/30/2021 (required).

Enter item(s) from lists below and the amount spent.

<p>Medical Supplies <i>Example: Scales Misc Appliances Lo-Pro Books</i></p>	<p>Clinic Support / Services <i>Example: Parking Vouchers Transportation Deductibles/Co-Pays</i></p>	<p>Medical Foods/Co-pays <i>Example: Medical Co-pays Low Protein Products Medical Formula *only amount not covered by other insurance*</i></p>
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Make check out to:	Relation:
Application for: (enter item already purchased)	Amount Requested
<i>Total for Section 2:</i>	

Section 3: Application for Delivery of Services/Supplies

	Application for:	Delivery address	Notes

Section 4. Camperships / Event Interest

Circle any that apply and enter your address

√	Application for:	Delivery address/notes	Notes
	PKU Specialty Camps or similar		<i>Must complete application for camp separately by April 1st. Any expenses/fees associated with the SSYMCA camp or other must be paid for by June 30, 2021. Please refer to FAQs.</i>
	Face Forward Teen Experience or similar Summer 2021 (TBD)		<i>Any expenses/fees associated with Face Forward must be paid for by June 30, 2021. Please refer to FAQs.</i>
	I would be interested in a low protein cooking demonstration	<i>Circle age group: 4-12 13-18 19+</i>	<i>Date/place TBD based on Interest</i>
	I would be interested in a family/educational weekend retreat		<i>Date/place TBD based on Interest</i>

Other Events (please describe other events you would be interested in organizing or attending)

√	Application for:	Delivery address/notes	Notes

Section 5: Application for Scholarship

1. Attach proof of acceptance /or current enrollment for the academic year of 2020-2021
2. Please indicate which degree you are pursuing:

Bachelor's Master's PhD
Other: _____

3. Statement of Educational Goals

(Include field of study, any past experience and/or expectations for the future)
Please attach a second page if necessary.

I confirm that all the information provided is true to the best of my knowledge.

Signature

Date