

SPARROW CLUBS USA CHECK REQUEST FORM

Mail, email or fax this form with attachments to: **Sparrow Clubs USA** 1457 E McAndrews Rd, BLDG C

EMAIL TO: info@sparrowclubs.org

PHONE (541) 312-8630

Medford OR 97504

| SPARROW NAME: | DATE: |
|-------------------|-------|
| CHECK PAYABLE TO: | |
| MAILING ADDRESS: | |
| | |

Check Requests normally take 7-10 business days to process once the organization receives them. Please attach copies of receipts, bills and/or cancelled checks for reimbursement. If your family is enrolled or planning to enroll for Medicaid, SSI and/or any state funded insurance program please be advised that any funds, monetary gifts or checks directly given to you may jeopardize your status for any of the above programs. In this case, Sparrow Clubs USA can disburse checks to your service providers upon request rather than give funds directly to your family. However, it is not the responsibility of Sparrow Clubs USA to monitor or protect your family's status with Medicaid, SSI, or any state funded insurance program.

Sparrow Funds can be disbursed for any of the following expenses:

Medical bills: Hospital bills, doctors bills, insurance premiums, deductibles, prescriptions and/or medical equipment, therapy, hospice, etc.

Ancillary costs: Family travel related to child's medical treatment, lodging, food, childcare, respite care.

Family care: Housing, utility bills, groceries, etc

| \$ Amount | Category | Notes |
|---------------------------|------------------------------------|-----------------------------|
| l. | | |
| | Medical Bills | |
| | | |
| • | Special Equipment / Therapy | |
| | special Equipment / Therapy | |
| · | Prescriptions / Medications | |
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| | Health Insurance Premiums | |
| 5. | | |
| | Childcare | |
| 6. | | |
| | Travel, Lodging, Food | |
| 7. | | |
| | Utilities/Phone, Electric, etc | |
| 3. | | |
| | Groceries, misc | |
| 9. | , | |
| | Mortgage Payment, Rent | |
| 10. | | |
| | "Pay-it-Forward" (*see below) | |
| 1 | 1 uy-u-1 vi wui u ('see below) | V |
| 11. | TOTAL DELIMBUDGEMENT | X |
| | TOTAL REIMBURSEMENT | Signature of Sparrow Parent |
| FOR OFFICE USE ON | LY: | |
| Sparrow's Fund Balance \$ | Less this check (\$ |) New Balance \$ |

* Sparrow Clubs "Pay-it-Forward" Program gives our Sparrow families a way to become heroes for other children and families in need by voluntarily transferring any amount of their Sparrow Cash with the Check Reguest Form. You too can help Sparrow Clubs bring hope to other youth in schools and children in crisis!