



### **APS Type 1 Foundation COVID-19 Grant Application**

Thank you for your interest in applying for this COVID-19 grant. This grant program is supported by the Continuity of Care RARE Patient Impact Grant that the APS Type 1 Foundation received from Global Genes. This grant is designed to help fellow APS Type 1 patient households during the COVID-19 pandemic. ONLY individuals (or parent/guardian of a minor) with a confirmed medical diagnosis of APS Type 1 are eligible to apply. This grant is intended to assist APS Type 1 patient households cover extra incurred costs due to COVID-19. This grant may not be used for any items covered by your health insurance. Examples of what this grant could be used for include: telehealth access (includes access to resources that enable family to conduct telehealth physical and mental health appointments), social support access (includes access to resources and tools for psych/social connectivity), educational needs (includes distance learning, tutoring, home school or school at home access), and career counseling (includes access to resources and tools). The APS Type 1 Foundation will keep the information you provide in this application confidential and will not share any information without your permission, except as may be required to comply with Global Genes' reporting requirements (including the demographic information below).

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_
4. Total Number of people living in household: \_\_\_\_\_
5. Total Number of people in household with APS Type 1: \_\_\_\_\_
6. Ages of people with APS Type 1: \_\_\_\_\_
7. Gender of the person(s) with APS Type 1:  
 Male  
 Female  
 Other (please specify) \_\_\_\_\_  
 Prefer not to share

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8. Ethnicity of the person(s) with APS Type 1:

- American Indian or Alaska Native
- Black or African American
- Asian/Pacific Islander
- White
- Hispanic or Latino
- Other (please specify) \_\_\_\_\_
- Prefer not to share

9. Approximate gross annual household income:

- Less than \$50,000
- \$50,000-\$99,999
- \$100,000-\$149,999
- \$150,000 or more
- Prefer not to share

10. List the language(s) commonly spoken in the house: \_\_\_\_\_

11. If approved, what would you be using this grant for (attached additional pages if necessary)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. How much financial assistance do you need? \_\_\_\_\_

If you need assistance filling out this application or have questions, please contact us at [info@apstype1.org](mailto:info@apstype1.org).

*By signing below, I declare that the information included in the above applicable is true and correct in all material respects. I understand that any funds I may receive from this grant must be used for and relate to continuing care in our household that has been impacted by COVID-19, including telehealth access, social support access, educational needs, and career. If it should be found that I had private insurance entitling me to reimbursement received under this grant, I will be responsible for the repayment of such sums to The APS Type 1 Foundation. I agree to use the grant money received for the intended purpose of this grant.*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_