

The Arc of Butler County
 Robert Neubert Assistance Fund
 Assistance Request

Applicant's Name: _____ **Date of Application:** _____

Applicant's Address: _____ **Applicant's Phone:** _____
 (Street)

_____ **E-Mail:** _____
 Town State Zip

DD Support Coordinator (if applicable): _____

Amount of Money Requested \$ _____

All requests will be reviewed by the Arc Board.
 Leisure/Recreation and Personal Enrichment
 requests are limited to \$100 per person per calendar year.

What will the money be used for? <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> Personal Enrichment <input type="checkbox"/> Therapy <input type="checkbox"/> Communication Device <input type="checkbox"/> Home Modification <input type="checkbox"/> Adaptive Equipment <input type="checkbox"/> Transportation <input type="checkbox"/> Training <input type="checkbox"/> Special Diets <input type="checkbox"/> Incontinence Supplies <input type="checkbox"/> Other	Please explain:
What other sources of money are available to help with the cost?	

Please return the completed form to:
 The Arc of Butler County
 282 N. Fair Avenue, Hamilton, OH 45011
 Phone: 513-785-4699
 Fax: 513-820-5088
 E-mail: thearcofbutlercounty@yahoo.com

Approved: _____ Date: _____