
Benevolence and Medical Assistance Request

(09142011)

If you desire to send funds to an individual who has not worked for the funds, this is referred to as benevolence. This form must be filled out and approved by TCN **BEFORE** the funds may be sent. An example of benevolence would be a payment to a person in a disaster or distress situation, to a handicapped person, or to a person belonging to a charitable class listed below.

TCN prefers to pay taxable income for bona fide charitable activity or work. However, there is a place in charity for true benevolence to individuals who are unable to provide service for pay or who are in a needy situation where a one time or short-term solution can be provided through such a gift.

Remember that the distribution of such gifts to individuals is at the discretion and under the control of TCN – only. That each request form must be complete and detailed as to the nature of the need and the circumstances of the individual and family.

Please Note: We do not permit the parents of any child under age 18 to give Benevolences to that child. We do not permit Benevolences to be made to a spouse. We do not permit Benevolences to be made to an employee by his employer.

Project Name

Account #

Address, City, State, Zip

Phone

Email

Name of the Individual you would like to assist

Age

Address, City, State, Zip

Nature of Need type or class (i.e.: indigent, children, elderly, handicapped or disadvantaged, medically needy, retired employees of charitable institutions. etc.)

Detailed Description of Situation. Attach a separate sheet of paper that describes the situation surrounding the individual. If applicable please include a medical report signed by a knowledgeable physician.

It this a long-term illness – will it improve, or is it permanent?

What the degree of difficulty in diagnosis and treatment?

Will the treatment help other patients with similar illnesses by assisting in medical research?

Is hospital care necessary or is intensive care necessary?

Is special equipment necessary? (If so, list)

Is convalescent home necessary or is home care sufficient?

Is special therapy or a rehabilitation program necessary?

Physician Verification. If a physician signed this or an attachment, please print that physician's name and contact information.

Name

Address, City, State, Zip

Phone

Fax

Email

Financial Details of the Proposed Benevolence Recipient: In the lines below (attach additional sheets as necessary) please provide detailed evidence of the financial need or hardship of the proposed Benevolence recipient. If the Benevolence recipient is a minor child, please provide details of the financial need or hardship of the child's parent(s). Attach a copy of a tax return to verify financial situation.

What is the estimated monthly or annual cost required for medical care?

Determine the assets and the liabilities of the proposed recipient?

Determine the proposed recipient's income and sources of income.

What is the amount of hospitalization insurance coverage?

Is there any financial assistance available from family members?

Is there any financial assistance from the proposed recipient's employer?

Is there any potential financial assistance from any other charitable organization?

Does the proposed recipient need help for living and/or educational purposes?

Relationship of the proposed Benevolence recipient to the donor. Indicate here if there are any blood, marriage, adoption or employment ties between the donor and the proposed recipient.

Agreement and Understanding: I, the Project Manager at TCN, understand and agree that the discretion and control of funds donated to this activity are entirely under the authority of Trust Counselors Network, Inc. The above request is a suggestion and not a mandate.

Project Manager Name

Signature

Date

TCN Benevolence Review Committee: There must be three signatures on this form.

We the undersigned have reviewed this Benevolence request and hereby give our approval or disapproval:

Signature of Reviewer

Date

Approved

Disapproved

Signature of Reviewer

Date

Approved

Disapproved

Signature of Reviewer

Date

Approved

Disapproved