

**Please ensure all  
information is included  
with your application  
and all sections of this  
application are filled out  
completely before  
turning in to BBR. If  
not, this can delay your  
grant up to a week  
(7 days)**



Emergency Grant Applications  
 Send to: Cheryl Rozanski  
 PO Box 2625  
 Windermere, Florida 34786  
 410-740-7662 (helpline)

One of the things Better BedRest, Inc. does is help with emergency financial needs. If you need this assistance because you have lost income due to being on pregnancy bedrest, please fill out this form and send via certified mail to the above PO box address. **Grants are given to active Better BedRest participants. An active Better BedRest participant is defined as a woman who has accepted 3 weekly calls or more from our volunteers.** If you have not taken 3 calls with BBR, we will hold the application until you have. If certain situations arise that prevent you from taking 3 calls, BBR will take each case under consideration, but you must always show documentation of loss of income. Although we will process this as quickly as possible, please allow two weeks for processing. We will notify you if a bill has been paid. The bill will be paid directly to the institution, not to you personally. We are not responsible for lost or late mail, so we encourage you to follow up with the payee. PLEASE SEND COPIES ONLY, NOT THE ORIGINALS.

**Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Name of OB/GYN and Address: \_\_\_\_\_

*\*A Doctor's Note verifying your bedrest must accompany application.*

Are you employed currently? Yes No If so, please list employer and address: \_\_\_\_\_

*(If you have an in-home daycare, you must be licensed.)*

Was there a loss of salary due to being on bedrest? \_\_\_\_\_ If so, how much per month? \_\_\_\_\_

*\*Verification of loss of salary due to bedrest must accompany application (i.e., a copy of your last two (2) paychecks).*

Total Monthly Household Income \$ \_\_\_\_\_ (BBR reserves the right to ask for a copy of your income tax return). PLEASE INCLUDE TOTAL OF ALL MEMBERS INCOME IN HOUSEHOLD AND COPY OF THE LAST 2 PAYCHECKS.

Are you collecting disability? \_\_\_\_\_ If so, how much per month? \_\_\_\_\_ (*\*verification of disability must accompany application*)

What do you need the assistance for: (*\*+A copy of the bill(s) must be sent in*).

PLEASE NOTE: WE DO NOT PAY CABLE, INTERNET, or CREDIT CARD BILLS.

- Utility bill
- Telephone
- Electric/Gas
- Rent/Mortgage (*Please include the name, phone number and address of your landlord*)
- Medical Bill

Name of Payee on bill: \_\_\_\_\_ Date Bill is Due: \_\_\_\_\_

Name of Payee on bill: \_\_\_\_\_ Date Bill is Due: \_\_\_\_\_

I, \_\_\_\_\_, give Better BedRest, Inc. permission to contact my OB/GYN/midwife or physician for confirmation of bedrest due to pregnancy complications as well as any individual or company associated with the approval of this grant.

\*Any information or documents missing will delay the grant process.  
 + Better BedRest, Inc. will need a copy of a specific bill you need help paying.

I, \_\_\_\_\_, hereby grant BBR to speak to anyone related to funds I am applying for to include providing records to request.

### *CHECKLIST FOR EMERGENCY GRANT FUND*

**Please make sure you have the following documents included in your application packet\*. If the application packet is not complete, we will hold the grant until we hear from you. You are responsible to follow up with the grant if you do not hear from us within 7 days of sending the grant.**

#### **Forms Required:**

- ➔ **Application completely filled out**
- ➔ **Agreement of Grant Applicant signed**
- ➔ **Current Doctor's Note prescribing bedrest and/or restrictions with doctor's signature confirming they are not able to perform current duties.**
- ➔ **Copies of last two (2) Paychecks for you and anyone else over the age of 18, that are living in your household**
- ➔ **Copy of bill (s) to be paid (or copy of lease agreement, failure to pay rent from court and rent ledger if asking for rental assistance)+**
- ➔ **Have you included your landlord's information? ➔ If you are applying for rental assistance, are you currently under an affordable housing rental agreement? \_\_\_\_\_**
- ➔ **If you are applying for rental assistance, and have a court issued letter, is the landlord suing for future rent?**
- ➔ **Proof of last day of employment (can be on doctor's note or employer's letter)**
- ➔ **Proof of how much disability is being collected (if applicable)**
- ➔ **Are all documents clear and easily readable?**

\*Any information or documents missing will delay the grant process.

+ Better BedRest, Inc. will need a copy of a specific bill you need help paying.