



A PROJECT OF THE FOUNDATION FOR ENHANCING COMMUNITIES, FISCAL SPONSOR

GRANT APPLICATION / QUESTIONNAIRE

WWW.THESHERMANFOUNDATION.ORG
P.O. BOX 169 LEMOYNE, PA 17043 | 717-901-1645

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Briefly describe your reason for reaching out:

Intake Information

Please answer the questions on the following pages to the best of your ability, as we use this information to design a program that fits your individual needs. The questions are grouped into the following categories:

- Current Treatment Info / Recovery Plan
- Health Insurance Information
- Housing Information
- Transportation Information
- Employment Information
- Financial Information
- Legal Assistance Information

At the end of each category there is a "notes" section - feel free to include any additional comments in this area.

We will contact you if we have any questions regarding the information you've provided once the application has been submitted.

Note – the information you disclose to The Sherman Foundation is confidential and will not be shared with any other party or person(s).

CURRENT / MOST RECENT TREATMENT INFORMATION / ONGOING RECOVERY PLAN

How long have you been clean / what is your clean date?

Current / Most Recent Treatment Provider (Name of Facility & Counselor's Name)

Treatment Provider's Address & Phone Number

Length of Treatment (if applicable)

SHORT TERM RECOVERY PLAN

Briefly describe your short-term recovery plan.

LONG TERM RECOVERY PLAN

Briefly describe your long-term recovery plan.

NOTES

HEALTH INSURANCE INFORMATION	
Do you currently have health insurance?	
If you answered yes to the question above - please include health insurance information / provider name (example: Highmark, UPMC, Capital Blue Cross)	
NOTES	

HOUSING	
Do you have a permanent residence?	
Are you seeking inpatient treatment or looking for housing in the recovery community? If yes – please specify.	
Are you seeking outpatient treatment or housing in the recovery community? If yes - please specify.	
Have you previously stayed in a recovery house? If yes - please include the name(s) of the recovery house(s) in which you've stayed.	
NOTES	

TRANSPORTATION	
Do you have a valid driver's license?	
Will your license be revoked in the near future?	
Do you have a car / reliable transportation to get to and from your job / meetings, etc.?	
If you are in need of transportation - would you be interested in a bus pass?	
If you are in need of transportation - do you have access to utilize the Uber App via cell phone / tablet (or computer)?	
NOTES	

EMPLOYMENT / SKILLS	
Do you currently have a job?	
If you answered no to the question above – what is your plan to secure employment?	
What type of work are you most interested in?	
What type of work are you least interested in?	
Please describe your skills / previous work experience ...	
NOTES	

FINANCIAL INFORMATION

What financial obstacles are you currently facing? (debt / bankruptcy issues, etc.)

If you are in need of financial assistance – please explain in further detail.

Do you need a bank account set up?

Would you be interested in attending educational financial classes offered through The Sherman Foundation?

NOTES

LEGAL INFORMATION

Are you currently required to be in treatment due to legal issues?

If you answered yes to the question above – please explain.

Have you ever participated in drug court or Opioid Intervention Court (OIC)?

Are you currently seeking legal assistance?

Have you ever been convicted of a felony? If yes – please provide details below.

NOTES

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release. I also certify that as a condition of The Sherman Foundation grant assistance program I must remain sober and clean of all illicit substances / alcohol or I will forfeit the grant assistance.

Signature: _____ Date: _____