MATT'S PLACE
FOUNDATION
SUPPORTING THOSE WITH ALS

Application for Matt's Place Home

Coeur d'Alene ID and Spokane WA

Thank you for applying to live in one of the Matt's Place home. Founded in 2015, Matt's Place Foundation is a 501(c)(3) charitable organization created to assist PALS (People with ALS) and their families during their battle with ALS. Its ultimate intention is to provide hope, housing and assistance to families dealing with the ailments of ALS.

This home has been designed with the comfort of a PALS and their family in mind. We hope that this home can help a PALS live with comfort and dignity and allow them to live their life making memories and enjoying their life, and not worry about expensive costs associated with remodeling a home.

The Admissions' Committee will not only look at the information provided, but will also personally interview each applicant to make sure that this home will be a good fit for both parties. You will be contacted by a member of the Admissions Committee team once they have received your application to answer any questions and to set up an interview.

Applicants must provide:

- Last 2 years' tax returns
- Please list all assets including estimated value of property owned, all vehicles and other assets.
- Please provide the most current monthly statement of savings and checking accounts.
- Proof of income in monthly statement, or payment stubs.

Priorities for being eligible to live in the home are:

- ALS diagnosis
- Middle to end stage of life
- Middle to fast progression
- Family with small children get first priority
- Low income
- Those who do not own their home, or have no means to remodel home.

Admissions Committee Criteria Check List

Please provide as detailed of information as possible. Use additional paper for responses if necessary

Name: _____

Address: _____

_____

Cell Phone: _____

Medical –

- ❑ Date of ALS Diagnosis: _____
- ❑ Stage of diagnosis (partial paralysis, compromised respiratory)

  Please provide FVC number as well as details of loss of function

  _____

  _____

_____

_____

- ❑ Other Health Conditions – please specify

_____

_____

_____

- ❑ Do you have a tracheotomy or do you plan to have a trache in the future? Will living in this home affect your plans for extending your life? Why?

_____

_____

_____

Family –

- ❑ Age _____
- ❑ Do children currently live with you? _____

  If yes, what are their ages?

_____

- ❑ Married? Name of Spouse:

_____

- ❑ Does Spouse work outside the home? _____

  If so, what is annual income? _____

- ❑ Was spouse forced to quit working to provide care?

_____

_____

- ❑ Number of pets owned

_____

- ❑ Will you be financially responsible for any damages incurred by pets?

_____

_____

Financial –

- ❑ Rent or Own? _____
- ❑ Living with Friends
- ❑ Shelter/Homeless
- ❑ Has current home been modified to accommodate needs? If so, what has been done for the home and how much were the costs? Did you pay for costs out of pockets?

_____

_____

_____

_____

- ❑ What will your plans with current home be if you are accepted into the Matt's Place CDA or Spokane Home?

  _____

  _____

  _____

- ❑ Income sources?

  Please list all income sources:

  - Work income
  - Investments
  - Retirement pensions
  - SSDI
  - Help from family/friends

Please put an X by all that apply to you currently:

Do you need help or do you use any devices for help?

_____ Dressing	_____ Brushing teeth	____ grooming
_____ Bathing	_____ Hygiene	_____ walker
_____ Roll over in bed	_____ sit up in bed	_____ climbing stairs
_____ walking with assistance	_____ preparing meals	_____ help eating

_____ Bipap/Cpap/trilogy _____ splints for walking _____ wheelchair

_____ PEG tube _____ liquids need thickened

_____ meals softened _____ help preparing meals

_____ FVC below > 50% _____ FVC below > 30%

_____ tracheotomy Date of procedure: _____

Do you own any of these pieces of equipment? Please mark all that apply:

_____ power chair _____ hoyer lift _____ ceiling lift

_____ shower chair _____ CPAP/BiPAP/Trilogy

_____ wheelchair accessible van _____ Ventilator _____ Cough Assist

_____ suction machine _____ communication device/ eye gaze

Please describe below why you and your family would benefit from living in a Matt's Place home .

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_____

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_____

_____ _____

Signature ***Date*** ***Spouse Signature*** ***Date***

This form and all required documents are to be mailed to:

Matt's Place Foundation

Attn: Admissions Committee

P.O. Box 3673

Coeur D'Alene, ID 83816