

American Disability Services/American Disability Installations

FUNDING CONSULTANT AGREEMENT

This agreement dated _____, is made by and between _____, whose address is _____, (Name)

Referred to as "Client", AND American Disability Services, whose address is 46536 Erb Dr. Macomb Twp., Michigan 48042, referred to as "Consultant".

NOW THEREFORE, in consideration of the foregoing premises and reasonable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. The Client hereby employs the Consultant to locate possible funding sources and/or reasonable funding options which may include but not limited to grants, loans or donations. The Consultant will. Request specific information from the client for the purpose of guiding the client to "potential" funding sources. The "Consultant" solely agrees to locate and confirm funding sources(s) are accepting new applicants with the information given by "client". It is the client's responsibility to complete the application, follow up, and comply with any request for detailed information in order to process the clients request for funding.
2. **Terms of Agreement.** This agreement will begin upon receipt of payment and will end 30 calendar days from commencement. Either party may cancel this agreement prior to the actual "begin date" with notice to the other party in writing, by certified mail or personal delivery and receive a full 100% refund. If client cancels for any reason after the "begin date" they will forfeit 75% of their fee.
3. **Payment to Consultant.** The Client will pay the Consultant three "monthly" payments of \$60.00 which will be automatically deducted from credit card or checking account or a onetime discounted payment of \$149.00 U.S. dollars for work performed in accordance with this agreement. The client must pay the Consultant in prior to the "begin date". If for any reason the agreement is terminated prior to "begin date" client will be returned 100% of payment within ten (10) days of cancellation. If a reasonable funding source(s) is not located within 30 days from the "begin date" we will refund 100% of client's fee.
4. **Confidential Information.** The Consultant agrees that any information received by the Consultant during any furtherance of the Consultant's obligations in accordance with this contract, which concerns the personal, financial or other affairs of the Client will be treated by the Consultant in full confidence and will not be revealed to any other persons, firms or organizations other than possible funding sources, for the sole purpose of pre qualifying a specific funding source.
5. **Liability.** Consultant makes no other warranties or guarantees, whether written, oral or implied, including without limitation, guarantee of securing funding for purpose of disability products, services, home modifications. In no event shall Consultant be liable for special or consequential damages, either in contract or tort, whether or not the possibility of such damages has been disclosed to Consultant in advance or could have been reasonably foreseen by Consultant, and in the event this limitation of damages is held unenforceable then the parties agree that by reason of the difficulty in foreseeing possible damages all liability to Client shall be limited to One Hundred Forty Nine Dollars (\$149.00) as liquidated damages and not as a penalty.
6. **Governing Law:** This Agreement shall be construed in accordance with the laws of the State of Michigan.

We must receive this signed document along with payment in full to proceed with your search.

Witnessed by:

CLIENT: _____

DATE: _____

AMERICAN DISABILITY SERVICES
46536 ERB DR./ MACOMB, MI. 48042
(888)973-7772 ext. #1

FUNDING APPLICATION

Please answer all questions accurately for the person in need of help, if you need more room please use the back of this page.

If you are applying for someone other than yourself please list your name and contact phone number here;

Name: _____

Phone #: _____

Personal Information for person in need of help

Name: _____

Address- _____

City/ County/ State- _____

Date of Birth _____ Age- _____ Sex- M/F Ethnicity _____

Phone # _____ E-mail address- _____

Height _____ Weight _____

Circle One: Single/ Married / Widowed/ Divorced Number of years married- _____

1) How were you referred to American Disability Services: _____

2) Please list your diagnosed conditions (example- prostate cancer, cerebral palsy, s.c.i.)

3) What physical problems are you experiencing (example- trouble walking, blind, quad)

4) What prescriptions are you taking? _____

5) Has a doctor confirmed or diagnosed these conditions? Yes No

6) Do you have a caseworker? Yes No What is their name: _____

Phone Number: _____

7) How would you like us to help you (be specific, Home Modification or Financial Assistance for Bills or Services like legal and transportation or Equipment/ Supplies):

8) Have you ever applied to or contacted another organization for help. Yes No

If so who; _____

9) Did they approve your request: Yes No

10) Do you have private insurance coverage: Yes No What company: _____

If so, have you contacted them for help: Yes No

What was the result? _____

11) Do you have Medicare, Yes No

Medicaid, Yes No

Supplemental Security Income, Yes No

If so, have you contacted them for help: Yes No

If so, who, and what was the result? _____

12) Do you receive food stamps or other supplement: Yes No

13) Is your rent subsidized? (Do you get financial help to pay rent): Yes No

14) Are you a U.S. Veteran or a spouse of a U.S. Veteran? Yes No

15) Are you a member of a church or social club? Yes No

Name: _____ Phone Number: _____

If so, have you contacted them for help? Yes No

16) Have you ever worked in a hazardous area? (i.e. mine, asbestos) Yes No

17) Do you smoke? Yes No Do you drink alcohol? Yes No

18) What is the household income per month? _____

19) What is the household source of income? _____

20) Is there ANY other form of financial assistance you receive? Yes No

21) Do you have any dependants or others living with you? Yes No

List all people living in home: _____

22) Do they have any income or help pay bills in any way? Yes No
If so, how much? _____

23) Do you own your home? Yes No

24) Do you rent your Home? Yes No

25) What is your monthly expense for:

Rent/ mortgage- _____	Utilities (Gas/Electric/Water) _____
Groceries- _____	Auto (Payment, ins., gas) _____
Credit cards- _____	Phone/ cell phone- _____
Cable/ internet- _____	Groceries _____
Medical Bills- _____	Prescriptions _____
Insurance- _____	Other- _____

26) What are your total:

<u>Personal Assets</u>	<u>Personal Liabilities</u>
Cash & Savings- _____	Credit Card Balances- _____
Retirement/ Investments- _____	Student Loans- _____
Home Value- _____	Mortgage Debt- _____
Auto/ Personal Property- _____	Auto Loan- _____
Other- _____	Other- _____

27) Have you ever been turned down for social security disability insurance? Yes No

If yes, did you hire an attorney and what was the outcome?

28) Do you ever require assistance for everyday things like grocery shopping, laundry, cooking, getting dressed, etc....
Yes No

If yes, who helps you now? _____

I agree all statements are true to the best of my knowledge.

Signature

Print Name/Date

American Disability Services

46536 Erb Dr./ Macomb, MI. 48042
(888)973-7772 ext. #1

Once we locate the proper funding source(s) there is a good chance they will require you to provide them with copies of the following information.

Please collect the following documents over the next two weeks, so you may be prepared to provide them as needed.

DO NOT send these to us with your case file.

- **Drivers License**
- **Social Security card**
- **Bank Statements**
- **Tax Returns**
- **Lease Agreement**
- **Last months mortgage statement**
- **Physician's Letter of Medical Necessity**
- **List of all prescriptions**

ALSO: You may find funding sources require multiple estimates to assure competitive pricing. American Disability can provide you with contacts to get competitive bids at no additional charge.

If you are asked to provide other documents than listed above, please contact us, so we can update our records in a continuing effort to better serve our clients.

Sincerely,

American Disability Services