

Lawyers Helping Lawyers Foundation, Inc.

GRANT APPLICATION INSTRUCTIONS

1. Please print legibly or type. Use additional pages if necessary to fully answer any question.
2. Please provide your name, address, exact amount requested from the Lawyers Helping Lawyers Foundation, Inc. and appropriate information about each provider to whom you are requesting that grant assistance be paid.
3. Complete the application and submit to Oklahoma Lawyers Helping Lawyers Foundation, Inc.

By mail or delivering to:
Lawyers Helping Lawyers Foundation, Inc.
c/o Deanna Harris, LCSW, CEAP Director
of Employee Assistance Services CABA,
Inc.
2601 NW Expressway, Suite 104E
Oklahoma City, OK 73112

By fax:
405-840-5456

By email:
deannaharris@cabainc.com

Questions? Contact Ms. Harris at 405-840-0231 or deannaharris@cabainc.com.

GRANT APPLICATION FORM

(All Applications are Confidential.)

Name of Person Making Application: _____

Signature of Person Making Application: _____

Information for OBA member for whom assistance is sought:

Name: _____ Age: ____ Sex: ____ Relationship: _____

Home address: _____

City: _____ County: _____ Zip: _____

Home phone: _____ Work phone: _____

Marital status (circle one): Single Married Separated

 Cohabiting partner Divorced Widowed

Office use only

LHLAP please initial:

Treatment plan approved: _____ Financial need verified: _____

LHLF, Inc. Trustees:

Date reviewed: _____ Approved by: _____

Approved by: _____

Approved by: _____

Reason for denial: _____