

**MAPS CHARITIES**  
**Senior Care Professionals**  
**Guidelines for Assistance**  
***Revised May 2019***

**THE FOLLOWING ARE NEW AND UPDATED GUIDELINES – PLEASE REVIEW CAREFULLY**

For requests from Professional Senior Advocate's (PSA) to receive our attention and be approved in a timely manner, please review the guidelines outlined below and complete the Application - Request for Assistance. Applications can be completed online on the MAPS Charities Website starting in August 2019 - more information to follow.

**CLIENT QUALIFICATIONS & TIMELINE**

Client must be at least 60 years of age and reside in Los Angeles County.

MAPS Charities does not work directly with the senior, only through a Professional Senior Advocate (PSA).

Emergency requests outside of the stated Board meetings dates will not be processed.

Completed Requests must be submitted seven (7) days prior to the monthly Board Meeting.

Dates of the Board meetings are listed on our website at [MAPSCharities.org](http://MAPSCharities.org).

An invoice or estimate from the intended provider must be attached. See more details below.

The maximum lifetime grant is \$500 per person.

The maximum one-time grant for a food card is \$100.

Awards or checks are not written to the client.

If for any reason a client does not use the funds, or gift card, it is to be returned to MAPS Charities.

**PROCEDURE TO ASSURE AN APPLICATION WILL BE REVIEWED**

The maximum lifetime grant is \$500 per individual.

As of June 2019, food cards will no longer be granted.

A product or service over \$100 requires two estimates.

The exception to multiple estimates is rent, medical, dental, vision and utility bills.

An invoice or estimate from the intended provider must be attached for all requests.

For multiple estimates, invoices need to be for the exact or very similar item and from two different vendors.

If there are several quoted items on a page, clarify which specific item(s) and the total amount for each item.

We do not do the calculations. Do not round the amount requested.

Whenever possible, MAPS Charities will order the item requested and have it sent directly to the client.

Therefore, the items requested must not exceed \$500 with taxes and shipping included.

If requesting a check, ascertain that the company will accept a MAPS Charities check.

Credit card bills and personal loans will not be considered.

Home Care Agencies and Day Care Programs must be licensed. Attach a copy of license. Requests for assistance must be prior to the service being performed. Reimbursement takes place after the service has been provided. Quotes must be included with the request.

MAPS CHARITIES

14320 Ventura Blvd., #331, Sherman Oaks, California 91423 (818) 613-2795

A nonprofit, charitable, tax exempt organization dedicated to assisting disadvantaged seniors. 501(c)(3) #27-0749461

PROCEDURE AFTER AWARD IS GRANTED

The PSA will be notified shortly after the MAPS Charities Board meets if Grant is approved or denied.

If item is to be ordered by MAPS Charities and directly delivered to client, the PSA must inform the client. The client needs to be aware that they will be receiving a delivery.

The PSA needs to contact MAPS Charities by email when the item(s) arrives.

Checks are not written directly to the client.

Checks will be mailed directly to the PSA. The PSA is responsible for getting it to the client or the provider.

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**MAPS Charities**  
14320 Ventura Blvd., #331  
Sherman Oaks, CA 91423  
FAX: 661-296-6732

**REQUEST FOR ASSISTANCE**

**Application Instructions**

You are applying to MAPS Charities for short-term financial assistance for a senior in need. Complete application to be considered for funding. You must be a professional in the field of aging.

- Both pages must be completed, or the application will be returned. BOTH SIGNATURES ARE REQUIRED
- The person submitting this application must be the same person that performed the assessment.
- Maximum grant will be \$500 in a lifetime, per person. However, only \$100 of the \$500 may be used towards a food card.
- Minimum age requirement is 60 years and older, and client lives within Los Angeles County.
- An invoice or estimate from the intended provider must be attached. Requests for products or services over \$100 require 2 or more estimates. The exception is medical, dental, vision, utilities and food card.

**Where To Submit Applications:**

Please mail this form to the above address or fax it to (661) 296-6732.  
Applications are reviewed on a monthly basis and there is no guarantee that requests will be granted.  
All requests must be submitted 7 days, prior to our Board meeting.  
Meeting dates are found on our website. If you have any questions, please email to: info@mapscharities.org

**Amount of Request \$ \_\_\_\_\_ Type of Service Requested: \_\_\_\_\_**

**Service Provider/Store Name: \_\_\_\_\_**

**Request Date: \_\_\_\_\_**

**Referral Agency Name: \_\_\_\_\_**

**Referral Contact Name: \_\_\_\_\_**

**Title: \_\_\_\_\_**

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

\_\_\_\_\_

**E-Mail: \_\_\_\_\_**

**Phone: \_\_\_\_\_**

**Best time/ day to Call: \_\_\_\_ AM \_\_\_\_ PM (Please Circle) Mon Tues Wed Thurs Fri**

**Client Name: \_\_\_\_\_**

**Client Address: \_\_\_\_\_**

\_\_\_\_\_

**Client Phone: \_\_\_\_\_**

**Gender: (Please Circle) M / F**

**Date of Birth: \_\_\_\_\_**

**Ethnic Origin\*: \_\_\_\_\_**

\* This is Optional. We collect age and ethnic origin information from all applicants in order to apply for grants that designate use for specific ages and/or ethnicities. The information we collect will be kept confidential.

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Mission to Assist and  
Provide for Seniors

## CALENDAR FOR APPLICATION DEADLINE

Last Day For Completed Application	Board Mtg. Date
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### 2019

Jan. 18	1/25/19
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Feb. 22	3/1/19
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Mar. 22	3/29/19
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Apr. 19	4/26/19
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May 24	5/31/19
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June 21	6/28/19
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July 19	7/26/19
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Aug.16	8/23/19
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Sept. 20	9/27/19
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Oct. 18	10/25/19
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Nov. 8	11/15/19
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Dec.6	12/13/19
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### 2020

JAN. 24	1/31/20
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