

MAPS CHARITIES
Professional Senior Advocate (PSA)
Guidelines for Assistance
Revised JUNE 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 on-line on the MAPS Charities Website starting in September 2019 - more information to follow.

CLIENT QUALIFICATIONS & TIMELINE

Client must be at least 60 years of age and reside in LA 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.

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 require two estimates.

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

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

For multiple estimates, they 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.

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.



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.
- 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 rent, medical, dental, vision & utilities.

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. Dates of the Board meetings and due dates are listed on our website at 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.

MAPS Charities is a nonprofit charitable, tax-exempt organization dedicated to assisting disadvantaged seniors.

501(c)(3) #27-0749461 / www.MAPSCharities.org

Revised:2019 May.



CALENDAR FOR APPLICATION DEADLINE

Last Day For Completed Application	Board Mtg. Date
2019	
Jan. 18	1/25/19
Feb. 22	3/1/19
Mar. 22	3/29/19
Apr. 19	4/26/19
May 24	5/31/19
June 21	6/28/19
July 19	7/26/19
Aug.16	8/23/19
Sept. 20	9/27/19
Oct. 18	10/25/19
Nov. 8	11/15/19
Dec.6	12/13/19
2020	
JAN. 24	1/31/20

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