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Located in the Office of Advanced Tool Inc.

Wish Grant Request

It is ALS of Utica's goal to add to the quality of life for our registered ALS patients living in Oneida and Herkimer Counties. Wish Grants are available to our patients that have been debilitated by ALS. ALS affects the quality of life in a profound way and this is our means to help with needs that aren't paid for under standard insurance.

Date: _____

Name: _____ Phone: _____

Address: _____

Dollar Amount Requested: \$ _____ (please enclose receipts if available)

These funds are for the following: _____

Please describe how you have been debilitated by ALS: _____

Are you currently employed: Yes / NO

Please allow up to **30 days** for processing. Please note if you are a new patient to ALS of Utica, there may be some preliminary forms needed to register you into our database. There may also be some requirements that need to be met before any reimbursement can be made. We will contact you if necessary. All requests for payments are put before the Board of Directors. ALS of Utica reserves the right to deny payment of a request.

Signature