



Application for the Christine F Hinton (CFH) Grant

About Christine: “Christine F Hinton was a kind, loving individual. Although she struggled with several illnesses during her 71 years of life, she believed in the goodness of God. She was an intelligent, talented student who loved music. One of her prized possessions was the flute she played in the Leechburgh High School Band. She grew into a beautiful popular woman who made many friends who enjoyed her company. After graduation from Edinboro State University with a teaching degree, for six years she taught children with special needs before her illnesses cut her professional life short. Her love for animals combined with her love for children who struggled in ways that she understood well, led her to donate to Country Ark Farm.

One of Christine’s favorite quotes is Horace Mann’s advice: “Be ashamed to die until you have won some victory for humanity”. It’s safe to say that because Country Ark Farm won Christine’s heart, she would be proud of the victories through her help, that will flourish for years to come.”

Written by: Ann Antognoli, Good Friend

Country Ark Farm was gifted a generous donation upon the death of Christine F Hinton. It is with this donation that we have created a new program in her name. This program allows individuals and families of the disabled to apply for financial assistance regarding a medical, physical or recreational need. The “Christine F Hinton Fund” is an application process for fulfilling a need (medical, physical, or recreational) when all of your other funding areas have said “No”. You must first go through the proper funding channels (waiver, Medicaid, etc). If you get turned down or rejected (please provide proof), then write to us for assistance. The application process is open all year round.

The Funding requirements are:

- ☐ Any physical need (not a service)**
- ☐ To better help the individual ages (22 years old to 55 years old)**
- ☐ For work, a better quality of life, or pleasure (adaptive item)**
- ☐ Proof of need must be included in the application**
- ☐ Resident of Pike County PA (opening up to other PA counties in 2025)**

APPLICANT INFORMATION

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First Name

Middle Initial

Last Name

Suffix

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Street Address

--	--

City

State

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Zip Code

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Email Address

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Phone Number

Primary Phone Type for Person Completing the Application

☐ Home/Landline

☐ Cell/Mobile

☐ Work

Applicant's Role

☐ Individual who will benefit from the grant

☐ Support/Service Coordinator

☐ Family Member

☐ Supports Broker

☐ Other Professional

Individual Benefiting from the Grant

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First Name

Middle Initial

Last Name

Suffix

--

Street Address

--	--

City

State

--

Zip Code

Date of Birth for Individual Benefiting from the Grant

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Month

Day

Year

Gender of the Individual Benefiting from the Grant

☐ Male

☐ Female

☐ Other

☐ Prefer Not to Say

Disability - Check all that Apply

☐ Mental Health

☐ Intellectual Disability

☐ Physical Disability

☐ Autism

☐ Other

Specific Diagnoses:

Is the Individual Employed?

☐ Yes ☐ No

Benefits and Services Received

- ☐ MH/ID Based Services
- ☐ SSDI
- ☐ SSI
- ☐ Wages from Employment
- ☐ Medicaid
- ☐ Medicaid Waiver
- ☐ Food Stamps/SNAP
- ☐ Family Support (FSS)
- ☐ HUD Section 8 (Housing Voucher)
- ☐ Other

List Services for "Other" above:

Purpose of the Request (Choose one)

- ☐ Products/Supplies
- ☐ Vehicle Modification
- ☐ Home Modification
- ☐ Adaptive/Sensory Items Needed
- ☐ Other (Describe Below)

Item Requested as "Other" Above:

Dollar Amount Being Requested:

Explain how this grant will increase the user's experience or enhance their lives:

Will the product(s) being funded grow with the individual's needs?

- ☐ Yes
- ☐ No

OTHER INFORMATION

Who is Recommending this product for the applicant?

- ☐ Applicant
- ☐ Physician
- ☐ Family
- ☐ Therapist
- ☐ Supports Coordinator/Service Coordinator
- ☐ Supports Broker
- ☐ Other

Suggested Vendor/Provider and Contact Information

Is There a Relationship Between the Vendor and Applicant or Individual?

☐ Yes

☐ No

If you answered "Yes" to the Question above, What is the Relationship?

Number of Household Members

Household Income

Individual Benefiting from Grant - income

If applicant receives Medicaid Waiver, MH/ID, or FSS Funding, has a request been made and denied to pay for the item requested in the application?

☐ Yes

☐ No

What other types of funding have been explored?

Is this request reflected in the ISP (Individual Support Plan)?

☐ Yes

☐ No

PLEASE be sure to attach the following documentation to this application:
Copy of the individual's ISP Outcomes, Insurance Denial Lette(s), Waiver Denial Letter,
2 recommendation letters from professionals who work with the individual, and any other
documentation you think would be helpful.

I certify that the information contained in this application and any supporting documentation is true and correct to the best of my knowledge, information and belief. I understand that the submission of this application is NOT a guarantee that the request will be approved. By submitting this application, the applicant further acknowledges that all disbursements are made at the sole discretion of CFH and Country Ark Farm, based on the evaluation of the individual application, determination of relative priorities and the availability of funds. CFH and CAF reserves the right not to approve any application, for any reason, or for no apparent reason, no matter how clearly the request may seem to relate to an individual's needs and no matter how closely the applicant has followed CFH guidelines and procedures. If applicant is approved, I also understand that there may be a tax consequence to the recipient and they will receive a tax document in the Spring following disbursement. Further, the applicant agrees to hold, Country Ark Farm their officers, Directors and employees, as well as CFH, their officers, Directors and employees harmless from any damage or injury that may arise related to the particular purchase or particular item or the failure to approve the purchase of a particular item or good.

By my signature below I confirm my agreement with the above statement.

X

Applicant

X

Date