



## Application for the If Only... Program

The If Only Program is a gift fulfillment program created using the proceeds from a generous gift by Mr. O. Moser, a former resident of Forsyth County. Working together with businesses in Forsyth County, the Program is managed through the Department of Social Services (DSS) in coordination with an advisory committee consisting of community volunteers.

To make a request of the If Only... Program, you will need to submit a personal letter written by you or a representative acting on your behalf. This letter should be no longer than one page in length and should specifically describe the nature of your request. The letter should be attached to the completed application. Letters received without an accompanying application cannot be processed.

### WHO:

- Applicants must be age 60 or older.
- A resident and/or a legal immigrant residing in Forsyth County.
- Have the physical and cognitive ability to participate in a requested activity
- Demonstrated need due to limited financial resources
- Be fully aware of the request should someone apply on their behalf
- Applicant will submit a completed application for the If Only... Program (available from the Department of Social Services)

The If Only... Program is unable to grant the following requests:

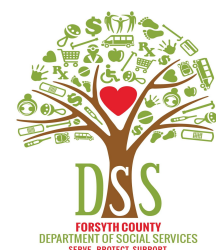
- Cash
- Automobiles, or RV rentals
- Travel outside the US or cruises
- Medical, dental or psychiatric treatments
- Monetary value over \$2000
- Surprise request for someone else
- Purchase of property, home improvements or repairs

### WHAT

Requests can include a special dinner out with family or friends, a short trip, visits with family or friends or something that would enhance quality of life for the recipient. Past gifts include:

- A portable keyboard and music for a gentleman with cancer
- DVD player with instructional DVD's, wheelchair batteries, assistance with the purchase of medical supplies and/or durable medical equipment ordered by a physician.
- A bed-bound grandmother received a laptop computer, enabling her to interact with her grandchildren in another state.

**If Only... Program**  
**Forsyth County Department of Social Services**  
**Adult Division**  
**741 N. Highland Avenue, Winston-Salem, NC 27101**





# If Only... Program Application

## APPLICANT'S PERSONAL INFORMATION

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ANNUAL

INCOME \_\_\_\_\_

E-MAIL \_\_\_\_\_

REQUEST \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALTERNATE

REQUEST \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## CONTACT PERSON

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_



## Application for If Only... Program



If your request is accepted, the If Only...

Program would like your permission to use your story and/or photo in one or more of the media listed below. We ask that you check all

forms of media that are acceptable to you. Giving us permission to share your story will help to raise awareness of and participation in the program.

The If Only... Program respects the privacy of individuals and will only use a recipient's first name if approval is given to use their story and/or picture.

Please **put a check beside** all means of publicity that are acceptable to you.

Local newspaper, radio or TV

State or national newspaper, radio or TV

Department of Social Services or Forsyth County web site devoted to the If Only... Program

All of the above

Please do not use my story and/or photo in any of the above media

APPLICANT'S  
SIGNATURE \_\_\_\_\_

If Only... Program  
Forsyth County Department of Social Services  
Adult Division  
741 N. Highland Avenue, Winston-Salem, NC 27101

**APPLICANT'S NAME (Please  
Print)** \_\_\_\_\_



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