



The Graduate Student Assistance Fund GE Caregiver award up to \$1,000 requires the following documentation. Please submit a **separate** application for each individual you are caregiving for who is experiencing a serious medical condition:

Information Verified	Choose one	Documentation Accepted
Primary Caregiver Relationship	Child up to 18 years old	Birth certificate; adoption certificate; foster care placement letter with name of parent/guardian, birth date
	Spouse	Marriage certificate
	Registered Domestic Partner	Notarized Declaration of Registered Domestic Partnership
	Unregistered Domestic Partner	<ul style="list-style-type: none"> State ID, driver’s license, or equivalent that shows same address Lease agreement or mortgage statement of shared residence that includes both student and partner’s names Bank statement that includes both student and partner’s names Vehicle registration or car insurance that includes both student and partner’s names
	Parent	<p>Choose one of the following:</p> <ul style="list-style-type: none"> Durable Power of Attorney State ID, driver’s license, or equivalent that shows same address United States Postal Service (USPS) Address Change Confirmation for parent to student’s residence Department of Motor Vehicles (DMV) Address Change Confirmation for parent to student’s residence <p>-OR- choose two of the following:</p> <ul style="list-style-type: none"> Utility or insurance bill to shared residence that includes both student and parent names Lease or rental agreement of shared residence that includes both student and parent names Bank statement that includes both student and parent names

Information Verified	Documentation Accepted	Alternative Documentation Accepted
Serious Medical Condition	<ul style="list-style-type: none"> • Invoice for healthcare facility, foster care home, home care services, or assisted living facility • Invoice for case management agency who acts on behalf of patient • Social Security Benefits Verification Letter • Veterans Affairs Benefit Letter for Disability, Aid and Attendance, or Housebound 	Certification for Medical Condition form by a licensed healthcare practitioner on page 3
Medical-Related Expenses for Care	<p style="text-align: center;">Documentation Accepted</p> <ul style="list-style-type: none"> • Receipts for medical supplies related to illness or disability • Lost wages not covered by sick pay or leave due to caregiving – Click for more information on GE paid sick leave • Invoice for healthcare facility, foster care home, home care services, or assisted living facility with patient and caregiver names • Invoice for case management agency who acts on behalf of patient • Medical bills with patient name – <i>total must include insurance deductions</i> <p>Please note: The Graduate Assistance Fund cannot award funds based on caregiving expenses related to travel, estimates for medical procedures, vehicle rentals or repairs, moving, tuition, rent or mortgage payments, and more.</p>	



Certification for Medical Condition - Caregiving

This form is used to verify a graduate student's request for a financial award related to care of a spouse, registered domestic partner, child up to 18 years old, or parent who is experiencing a serious medical condition.

To be completed by a licensed healthcare practitioner:

Patient First and Last Name _____

Is the patient experiencing a serious medical condition or a condition such as surgery, hospitalization, chronic illness, disability, injury, etc. that might hinder the ability to care for oneself? _____ Yes _____ No

If no, please describe the medical condition. _____

Date of Diagnosis _____

Date of Office Visit (related to the medical condition above) or Intake (if receiving home care, in a nursing home, foster care home, etc.) _____

Provider First and Last Name _____

Provider Title _____

Name of Practice _____

Type of Practice or Specialization _____

Address _____

Phone Number _____

Signature of Provider _____

Date Signed _____