

## Application for support for individuals

### Welcome to the parasolis foundation

The parasolis foundation offers assistance to individuals affected by rare diseases, along with their families, organisations, and projects. This application allows you to seek support for individuals (case-by-case assistance). If you are applying on behalf of a legal entity, please use the dedicated form.

### Important information for your application

- You can complete and download this form electronically.
- Please make sure to fill out the form completely and truthfully.
- If you need more space, you may refer to additional attachments as explained in section 8.
- Print the completed form, sign it, and mail it to the foundation.
- If necessary, we may request further documentation at a later stage.
- The foundation board will make decisions on grants based on current guidelines.

### The process in 3 steps

1. Complete and submit your application (Individual assistance)
2. Foundation review – if we have any questions, we'll reach out.
3. Decision and notification – you'll receive written confirmation.

### Contact

Parasolis Foundation  
Zürcherstrasse 2  
CH 8142 Uitikon Waldegg  
Email: [info@parasolis.ch](mailto:info@parasolis.ch)  
Website: [www.parasolis.ch](http://www.parasolis.ch)

## 1. Applicant information

Last Name, First Name

Date of Birth

Address

Phone number / Email address

Citizenship

Relationship to the individual concerned (if applicable)

Are you the person affected by the rare disease?

☐ Yes ☐ None

## 2. Details about the person affected (if different)

Last Name, First Name

Date of Birth

Address

Phone number / Email address

Citizenship

### 3. Illness details

Rare disease (Diagnosis, if available, with medical confirmation)

Brief summary of current health status

### 4. Family situation

Marital status

Children / Household members (Names, Dates of Birth)

## 5. Description of the emergency situation

Cause of the emergency (relation to the rare disease)

Type of hardship (financial, social, health-related)

Previous support efforts (health insurance, social services, other foundations, etc.)

## 6. Financial situation

Please provide as much detail as possible about your financial circumstances

Assistance already received (when, from whom, and how much)

## 7. Type of support requested

- One-time emergency assistance
- Support for specific expenses (e.g., medication, assistive devices, travel expenses, care, modifications)

Requested amount (CHF / EUR)

Reason for the requested amount

## 8. Attachments (List)

For example:

- Doctor's note, confirmation of diagnosis
- Itemized costs, invoices, and price quotes
- Proof of other applications (rejected or still in process) 6
- Additional documents relevant to the assessment

Attachments

Note: More documents may be requested at a later stage.

## 9. Declaration and signature

I hereby confirm that all information provided is complete and accurate.

I agree that the foundation may review these documents and request additional proof if necessary. All data will be treated confidentially.

Place, Date:

Signature: