

FAMILY

Page 1 of 5

Today's Date _____

Name of person filling out application _____

CHILD'S

NAME _____ DOB ____/____/____ SS# _____ - ____ - ____
LAST FIRST MIDDLE

ADDRESS _____ PHONE (____) _____

SCHOOL _____ GRADE _____ AGE _____

PARENT(S)/GUARDIAN(S)

Mom- _____ DOB ____/____/____ SS# _____ - ____ - ____
LAST FIRST MI

ADDRESS _____ EMAIL _____

Moms Employer _____ WORK # (____) _____ CELL # (____) _____

Dad- _____ DOB ____/____/____ SS# _____ - ____ - ____
LAST FIRST MI

ADDRESS (if different) _____ EMAIL _____

Dads Employer _____ WORK # (____) _____ CELL # (____) _____

Which parent or guardian has legal custody? (If applicable) _____

When & how is best to contact you? _____

FAMILY BACKGROUND

ILL CHILD'S SIBLINGS (names) AGE SEX (Live at Home)? Y or N

Diagnosis & Definition- _____

When was your child diagnosed? _____

Please describe your child's current medical situation & special needs

Does your child understand their medical situation?

What special needs does your child have now? (Example: equipment, medication, dialysis machine, wheel chair...)

DOCTOR

SPECIALTY

ADDRESS

PHONE#

Medical Facilities treating your child now and in the future

Please explain your child's future medical & special needs (ex: Transplant, travel for treatment, Intravenous feeding...)

Does your child have Medical Coverage Y or N- Who With? _____

Today's Date _____

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Childs Name _____

Monthly Income, Please list all Salaries, Assistance Received, Fundraisers, Savings, Checking etc...

Monthly Expenses

Medical & Household out of pocket Own or Rent? Utilities, Credit Cards, Vehicle Payments, Daycare, Loans, Other...)

All Current unpaid & Past Due expenses (Including medical & household) _____

What types of assistance have you received from other sources- Public, Private, **Lawsuit Settlement or pending**, other?

SOURCE

ASSISTANCE

INVESTMENTS- List Accounts and Balances for stocks, bonds, savings & checking accounts, Trust Fund, etc.)
