



HAVE A HEART CHILDREN'S CANCER SOCIETY

A NON-PROFIT CHARITY FEDERAL 501(C)3 • ALL DONATIONS FULLY TAX DEDUCTIBLE
61-A Railroad Avenue • Sayville, NY 11782

Office (631) 470-1198

Fax (631) 223-3964

WWW.HAVEAHEARTCHARITY.ORG

Email: INFO@HAVEAHEARTCHARITY.ORG

Application for Financial Assistance

With your Help there is Hope
and only YOU can make a
difference!

PLEASE READ CAREFULLY

Have a Heart Children's Cancer Society's Guideline for Financial Assistance

HAVE A HEART CHILDREN'S CANCER SOCIETY is a non-profit charity, which is dedicated to alleviating the financial burden of families with children suffering from cancer. The funds that we raise go directly to assist these unfortunate families with medical bills, treatments, and household expenses.

General Guidelines and Qualifications

- 1) Any child diagnosed with cancer (any type) under the age of 18 is eligible for consideration by Have a Heart Children's Cancer Society.
- 2) Child must be a citizen AND a permanent resident of the United States.
- 3) All sections of the application must be accurately completed in order to receive consideration for financial assistance. **INCOMPLETE OR UNTRUTHFUL APPLICATIONS ARE VALID GROUNDS FOR DENIAL OR TERMINATION OF ASSISTANCE.**
- 4) Financial assistance is provided for a **maximum** of three months for approved applicants. Further assistance is determined on an individual case basis by our board of trustees.
- 5) At least one recent photo of the applicant (child) **must** be sent with the completed application.

******ALL INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED******

When **signed and fully completed**, all applications (originals – not photocopies) should be mailed to:

**Have a Heart Children's Cancer Society
Attn: Application Processor
61-A Railroad Avenue
Sayville, NY 11782**

Please do not hesitate to contact us with any questions you may have.

PATIENT INFORMATION

Please PRINT and complete all sections accurately and clearly

Patient Name _____ Male Female

Permanent Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Temporary Address (i.e. during treatment – please specify) _____

City _____ State _____ Zip Code _____

Temporary or Additional Phone (i.e. cell phone) _____

Date of Birth _____ Social Security Number _____

Place of Birth (city/state/country) _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Permanent Address _____

City _____ State _____ Zip Code _____

Driver License Number _____ Social Security Number _____

Current Working Status: Full Time Part Time Unemployed

Employer _____ (Net) Monthly Salary _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Other monthly income _____ Amount _____

Do you own your own residence? Own Rent

What is your monthly rent or mortgage? _____

What are your other estimated monthly expenses including insurance premiums?

Obligation #1 _____ Amount _____

Obligation #2 _____ Amount _____

Obligation #3 _____ Amount _____

Obligation #4 _____ Amount _____

Father's Name _____

Permanent Address _____

City _____ State _____ Zip Code _____

Driver License Number _____ Social Security Number _____

Current Working Status: Full Time Part Time Unemployed

Employer _____ (Net) Monthly Salary _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Other monthly income _____ Amount _____

Do you own your own residence? Own Rent

What is your monthly rent or mortgage? _____

What are your other estimated monthly expenses including insurance premiums?

Obligation #1 _____ Amount _____

Obligation #2 _____ Amount _____

Obligation #3 _____ Amount _____

Obligation #4 _____ Amount _____

Marital Status of Parents: Single Married Separated Divorced

MEDICAL INFORMATION

Diagnosis _____ Date of Diagnosis _____

Is child currently in remission? _____ Number of Relapses _____

Treatment child is undergoing: _____

Name of Hospital or Medical Center: _____

Address _____

City _____ State _____ Zip Code _____

Social Worker _____ Phone _____

Name of Physician _____ Phone _____

Physician's Address _____

City _____ State _____ Zip Code _____

Additional Information: _____

INSURANCE INFORMATION

Is patient covered by an insurance plan or Medicaid? Yes No

Medical benefit plan name: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Name of secondary insurance: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

**** PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD(S) WITH YOUR RETURNED APPLICATION**

FINANCIAL ASSISTANCE INFORMATION

Has money been raised on behalf of the patient? Yes No

If yes, please specify: _____

Have you applied or received assistance from another organization?

Organization _____ Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Received _____ Dates of Assistance _____

Organization _____ Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Received _____ Dates of Assistance _____

Organization _____ Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Received _____ Dates of Assistance _____

Organization _____ Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Amount Received _____ Dates of Assistance _____

**HOW DID YOU HEAR ABOUT
HAVE A HEART CHILDREN'S CANCER SOCIETY?**

Hospital:

Name _____ Hospital _____

Address _____ Phone _____

Social Worker:

Name _____ Facility _____

Address _____ Phone _____

Teacher:

Name _____ School _____

Address _____ Phone _____

Relative or Friend:

Name _____

Address _____ Phone _____

Newspaper or other advertisement _____

Internet Search Engine _____

Other (Please Indicate) _____

REQUEST FOR ASSISTANCE

Please be aware that Have a Heart Children's Cancer Society no longer cuts monthly checks to approved beneficiaries. Have a Heart now pay bills directly, which requires recipients to send bills to our Sayville office.

PLEASE CHECK ASSISTANCE NEEDED:

- | | |
|---|----------------------------|
| <input type="checkbox"/> Medical Insurance Premiums | Monthly Disbursement _____ |
| <input type="checkbox"/> Transportation/Lodging | Monthly Disbursement _____ |
| <input type="checkbox"/> Food | Monthly Disbursement _____ |
| <input type="checkbox"/> Rent/Mortgage | Monthly Disbursement _____ |
| <input type="checkbox"/> Medicine/Prescriptions | Monthly Disbursement _____ |
| <input type="checkbox"/> Vehicle/Transportation | Monthly Disbursement _____ |
| <input type="checkbox"/> Utilities | Monthly Disbursement _____ |
| <input type="checkbox"/> Other | Monthly Disbursement _____ |

Please Specify _____

WE CAN ALSO ATTEMPT TO ASSIST YOU WITH:

- Bone Marrow Transplant
- Searching for Donor
- Other Cancer Treatment Procedures
- Other

Please Specify _____

AFFIRMATION

To be completed by Parent/Guardian

I have read the general guidelines for financial assistance herein and fully understand the policies of the Have a Heart Children's Cancer Society. I declare that the information submitted on this application from is true and accurate to the best of my knowledge.

If awarded financial support, I agree to use the funds received from the Have a Heart Children's Cancer Society towards the specific expenses declared on this application, in direct connection with my child's illness.

All financial applications will be reviewed by the Have a Heart Children's Cancer Society on a case-to-case basis and eventual determination will be made based upon other applications submitted and the availability of funds held by the organization.

The Have a Heart Children's Cancer Society reserves the right to deviate from the general guidelines herein when special needs should arise.

Authorized Signatures

Mother/Guardian _____ Date _____

Please Print Name _____

Father/Guardian _____ Date _____

Please Print Name _____

All information disclosed on this form is fully confidential.

PHOTOGRAPH/WRITING RELEASE CONSENT FORM

I hereby give Have a Heart Children's Cancer Society the permission to copyright, publish or distribute any photographs, images and written submissions for use in educational or promotional materials; which may include video, slides, catalogs, articles, magazines, brochures and the Have a Heart website. I understand that Have a Heart Children's Cancer Society will not be in a position to, and are not committed to attempt to prevent or control and redistribution of such photographs, images or written submissions by third parties receiving such items from Have a Heart Children's Cancer Society or any other party.

I hereby waive any right to inspect or approve the finished videos, photographs, advertising copy, manuscripts or other printed material that may be used by Have a Heart Children's Cancer Society in connection with any of the above purposes.

I hereby release, discharge and agree to hold harmless Have a Heart Children's Cancer Society, including their respective directors and employees, from and against any liability as a result of any distortion, blurring or alteration that may occur in the taking, processing reproduction, publishing or distribution of the finished product; and from any and all claims, actions and demands of any nature, including, but not limited to, claims of libel, defamation or invasion of privacy, arising out of or in connection with the use of photographs or reproductions.

If at any time you wish to have the photo of your child removed from our website, the parent or guardian must inform our office by phone and in writing.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned. (A parent or guardian must sign this release if the individual photographed is under 18 years of age.) I have read the foregoing release, authorization and agreement before affixing my signature below, and I fully understand the contents thereof.

Printed Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____

Parent/Guardian Signature _____

Date _____