

Have A Heart Children's Cancer Society

A Non-profit Charity Federal 501(c)3 All Donations Fully Tax Deductible

61A Railroad Avenue Sayville NY 11782

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WWW.HaveAHeartCharity.ORG

INFO@HaveAHeartCharity.ORG

Application For Financial Assistance



CHILDREN'S CANCER SOCIETY

www.haveaheartcharity.org

Please Read Carefully

Have A Heart Children's Cancer Society

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 to directly to assist these unfortunate families with medical bills, treatment, and house hold expenses.

- Any Child diagnoses with Cancer (any type) under the age of 18 is eligible for consideration by Have A Heart Children's Cancer Society.
- The Child Must be a Citizen and Permanent Resident of the United States
- All Sections of the Application Must be accurately completed in order to receive consideration for financial assistance. INCOMPLETE or UNTRUTHFUL applications are valid for grounds for Denial or Termination of Assistance.
- Financial Assistance is provide on a case to case basis and decided by our board how much may be allotted based on current caseload and availability of Funds.
- At least One quality recent **COLOR** photo of the Child applying for assistance must be included with the application.
- Include any recent Utilities Bills or Invoices that you would like assistance with. We do not provide direct cash payments or gift cards. All assistance is send directly to the Utility or Bill of the Family's choosing.

***** All incomplete Applications Will NOT be reviewed*****

Once signed and fully completed all applications may be sent directly to our office EMAIL at: INFO@HaveAHeartCharity.ORG with quality color photo for the child and any utilities or bills.

Should you not have access to a Computer you may Mail us the application directly to our office at:
Have A Heart Children's Cancer Society
61A Railroad Avenue
Sayville, NY 11782

Please do not hesitate to reach out to us or have your Social worker contact us with any questions you may have about our process.

Patient Information

Please Print and complete ALL sections accurately and clearly

Patient Name _____ Preferred Gender _____

Age _____ Date of Birth _____ Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Temporary Address (If not the same as Home address i.e. during treatment – please specify)

Diagnosis _____ Date of Diagnosis _____

How many Relapses _____ Is the child currently in remissions? Yes No

Current Treatments _____

Hospital or Treatment Center _____

Address _____

City _____ State _____ Zip _____

Phone _____ Physician _____

Social Worker's Name _____

Social Workers Phone _____ Social Workers Email _____

Insurance Information

Please provide a copy of the insurance cards with your application

Is the Child Currently Enrolled in a Medical Insurance Plan? Yes No

Current Health Insurance Plan _____

Address _____ City _____ State _____ Zip _____

Secondary Health Insurance Plan _____

Address _____ City _____ State _____ Zip _____

Parent / Legal Guardian Information

Guardian Name _____ Relation to Child _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Do you live with the Child? Yes No

Driver's License or ID Number _____ Social Security Number _____

Current Employment Status: Full Time Part Time Unemployed Disabled / Retired

Employer (if applicable) _____

Address _____

Monthly Salary \$ _____ Any additional Income \$ _____

Do you own your own residents? Own Rent Currently in Emergency Housing

Are you receiving Child Support, Social Security Income or Social Security Disability for the Child?

Yes \$ _____ monthly No

Guardian _____ Relation to Child _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Do you live with the Child? Yes No

Driver's License or ID Number _____ Social Security Number _____

Current Employment Status: Full Time Part Time Unemployed Disabled / Retired

Employer (if applicable) _____

Address _____

Monthly Salary \$ _____ Any additional Income \$ _____

Are you receiving Child Support, Social Security Income or Social Security Disability for the Child?

Yes \$ _____ monthly No

Financial Information

Please provide average breakdown of the Household Monthly Expenses

**Check off and include Bill or Invoice for each expense you're requesting assistance with
Please ensure all Policy Numbers/ Account Numbers and where payment can be mailed to is included**

- Rent / Mortgage \$ _____
- Food \$ _____
- Utilities \$ _____
- Vehicle/Transportation \$ _____
- Medical Premiums and copays \$ _____
- Medication / Prescription out of pocket costs \$ _____
- Medical Aids / Device rentals or premiums \$ _____
- Skilled Nursing Care or Hospice Services \$ _____
- Funeral Arrangement and Expenses (if applicable) \$ _____
- Other Please Specify _____ \$ _____

Are you currently receiving SNAP Benefits or State Temporary Assistance? Yes NO
If yes How Much \$ _____

Are you currently in collections or risking utility Shutoff? Yes No

Are you currently facing Foreclosure or Eviction? Yes No

Are you currently facing Repossession of your Vehicle? Yes No

Have you applied or Received financial assistance from other Charities or Organizations?

Yes (**see below**) NO

Organization _____

Organization Phone _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Amount Received \$ _____ Date of Assistance _____

Organization _____

Organization Phone _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Amount Received \$ _____ Date of Assistance _____

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

Guardian Signature _____ Date _____

Print Name _____ Relation _____

Guardian Signature _____ Date _____

Print Name _____ Relation _____

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 Child's Name _____

Address _____

City _____ State _____ Zip _____

Guardian Signature _____

Date _____

Print Name _____

Relation _____