



Application for Financial Assistance

Kids Cancer Alliance, 607 W. Main Street Suite 200, Louisville, KY 40202
Phone: 502.365.1538 Email: programs@kidscanceralliance.org

The Financial Assistance Program was designed to ease the financial burden of a cancer diagnosis and help the family focus on healing. The program is available to assist with necessity items related to your child's cancer. Items including rent/mortgage, utilities, travel to treatment, child care, food, fuel, parking, and other ancillary medical costs will be considered. The following requirements represent the overall eligibility guidelines and serve as key principles.

ELIGIBILITY GUIDELINES:

- 1) The applicant must be on active treatment for a pediatric cancer.
- 2) The applicant must be recommended by a social worker, oncologist, child life specialist, or other hospital employee that is familiar with the family *and* their financial situation.
- 3) Families may be prioritized by need, but no family will be ineligible because of their income level.
- 4) Patients must live or be treated in the state of Kentucky.
- 5) Families can apply once per calendar year for assistance for as long as their child is on treatment.
- 6) The financial assistance program is not a wish-granting programs and its funds cannot be used for trips or experiences that are out of the scope of everyday needs.

HOW ASSISTANCE IS GRANTED:

Applications are reviewed once a month by a committee and are granted based on funds available. The program seeks to assist as many families as possible but realizes the needs are great and not every request will be funded. Families may re-apply for assistance if it is not able to be granted the first time. Assistance is sent directly to service providers (utility companies, landlords, etc) whenever possible. Please assist us in dispersing these funds by providing the most accurate information possible on your application. We will contact you once the status of your application is determined.

ADDITIONAL INFORMATION:

If you have questions please consult your medical team for assistance or call Kids Cancer Alliance at 502.365.1538.

The Financial Assistance Fund is made available by generous support from The Lemonade for Life Foundation.



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- The Financial Assistance Program was established to ease the burden of a cancer diagnosis and allow the family to focus on healing.
- Please make sure the application is complete and contains all additional documents. An incomplete application will delay assistance.
- Applications are reviewed and awarded monthly. Because of the overwhelming need for support, not all applications may be granted.

Section 1- Patient Information

Name (First, Middle, Last)		Diagnosis	Date of Birth	
Address (Street or PO Box, City, State, Zip)			Age	Gender
Hospital:	Oncologist:	Social Worker:	Date Submitted:	

Section 2 – Parent/Guardian Information

MOTHER/GUARDIAN INFORMATION			
Mother's/Guardian's Name	Primary Phone:	Home Cell	
	Alternate Phone:	Home Cell	
Employment (employer and nature of work/title):	Email:		Gross Monthly Income \$
FATHER/GUARDIAN INFORMATION			
Father's/<Guardian's Name	Primary Phone:	Home Cell	
	Alternate Phone:	Home Cell	
Employment (employer and nature of work/title):	Email:		Gross Monthly Income \$
Does the patient or family receive assistance from other agencies and or foundation(s)? If so, list agencies/foundation(s) and nature of assistance:			
How were you referred:			

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Section 3 - Need Evaluation

PLEASE PRIORITIZE YOUR FAMILY'S NEEDS BY NUMBERING THEM 1-9:		
Housing/Rent/Mortgage	Home/Auto Repair	Transportation
Clothing/Personal Items	Utilities	Groceries/Food
Tutoring	Scholarship	Photography

Section 4 – Required Supporting Documentation & Parent/Guardian Certification

• I understand that my application cannot be processed until I have completed all documentation and submitted it to the email/address shown on top of this application.

- A completely filled out and signed application.
- A letter from the treating physician and/or social worker on his/her letterhead stating the type of cancer diagnosed, the treatment prescribed and a statement that my child is currently under treatment.
- A letter from the applicant explaining their situation, need, etc.
- Supply the most recent pay stub and a copy of the previous calendar years W- 2 tax forms.
- Applicant must also include supporting documentation (copy of utility bills, mortgage coupon, etc) to support the items checked in the prioritized list above.

• Applicant must include a clear original photo (no photo copies) of the child diagnosed with cancer. The applicant's signature below releases the organization (Kids Cancer Alliance and The Lemonade for Life Foundation) and gives permission to publish on our website/newsletter/letter a picture and a small statement from your family.

• I certify that the information provided is true and correct as of the date set forth opposite my signature and that any intentional misrepresentation of the information contained in this application will result in the loss of current or future assistance and may result in criminal and/or civil liability. The applicant releases the organization from any and all liability which may arise from the sharing of this information with third-parties.

• I also give the organization permission to publish in print, electronic, and video format the likeness or image of myself, child, and family. I release all claims against the organization (Kids Cancer Alliance and The Lemonade for Life Foundation) with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent/Guardian

Signature

Date

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