



"Helping Families of Children Battling Cancer"

Angels Among Us, 501(c)(3)

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Financial Assistance Application Form

HERE IS WHAT WE DO ...

Our mission is: *"To financially assist families with a child battling cancer living or being treated in Nebraska."* When a child is diagnosed with cancer, not only is the news emotionally devastating for you as a parent, it can become financially difficult as well. Our goal is to help reduce the amount of stress in your lives, so that you can focus more of your attention on your child, and channel your energy and efforts towards recovery, rather than stressing and worrying about your finances.

HERE IS HOW IT WORKS ...

We ask you to fill out this application form in its entirety, and return it via postal mail to our office or to your hospital social worker at Children's Hospital or the Nebraska Medical Center. We will do a standard and required background check on all applicants. Please be aware that we have a limitation as to how many families we can assist at one time, so it may be necessary to place you on a wait list for a couple of months. Once approved, you will receive a phone call directly from one of our Family Advocates letting you know that we are ready to provide you with financial assistance. A welcome packet of monthly request forms and further instructions will be mailed to you. You will receive a \$500.00 monthly allocation, up to \$5,000.00 total, while your child is going through treatments. We pay your creditor directly on your behalf, to ensure proper use of funds. This is not a loan and you will not need to repay it. It is simply the mission of our organization to help families in need, like yours.

THIS WE NEED FROM YOU ...

A Family Advocate from our Board of Directors will be your liaison to our organization. They will be calling you monthly to get an update on your child. Please let us know how your child is doing, as your child will need to be receiving treatments monthly in order to receive our assistance. By the 5th of each month, you will need to submit the "monthly payment assistance form" to the Angels Among Us office, indicating to us which bills you would like us to pay. You must submit a copy of your bill, as we pay the creditors directly on your behalf.

PAY IT FORWARD ...

Our mission is to strengthen our community, and we will soon need YOUR help! Once your family is on the road to recovery, or self-sustaining again, we want to invite you to be a featured family at future Angels Among Us events. We'd like to enlist you to help be our voice within the community. Through volunteering with "Angels" we can strengthen our foothold and gain more visibility in the community. This will allow us to be better positioned to fulfill our mission and fortify our organization so that we can help more families in time of need.

ANGELS AMONG US FINANCIAL ASSISTANCE APPLICATION FORM

Please Note: Application for Financial Support does not guarantee immediate assistance. Angels Among Us will help as many families as possible, but only as funds permit. The Board of Directors will discuss and vote upon applications received based on immediate need and other factors in given situations. Angels Among Us will pay bills directly to the company owed. If we are not able to assist immediately, your application will remain on file and will be re-evaluated as funds come in.

Father's Last Name (please print) _____ Father's First Name _____ Middle Initial _____

Mother's Last Name (please print) _____ Mother's First Name _____ Middle Initial _____

If only 1 parent is listed -- Are you married or single? _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Email Address _____

CaringBridge or Care Pages Log-In Information _____

Preferred Language in home _____ Best Time to contact _____

Child being treated: Last Name (please print) _____ First Name _____ Middle Initial _____

Child's Diagnosis _____

Child's age _____ Date of Birth _____ Male/Female _____

Overseeing Doctor _____

How long has he/she been treated? _____

Port? How long in / or removed? _____

What hospital(s) is he/she currently being treated at? _____

Were you referred by a hospital social worker? If so, who? _____

List all children under the age of 18 living in household (include date of birth, MM/DD/YYYY, male/female)._____

Proof of Income (required section)

Other Income Source Documentation (check all that apply)

___VA Assistance ___Alimony ___Child Support ___Disability ___Life Insurance
___Railroad Retirement ___Unemployment ___Social Security ___Public Assistance ___Other

Assets

Cash on hand (include checking) \$ _____
Savings \$ _____
Stocks/Bonds/Retirement Funds \$ _____
Vehicles Estimated Total Value
Model _____ Year _____ \$ _____
Model _____ Year _____ \$ _____
Model _____ Year _____ \$ _____

Home: Estimated Market Value \$ _____
Other Assets \$ _____
Other Assets \$ _____

Liabilities

Mortgage \$ _____
Second Mortgage \$ _____
Bank Loans \$ _____
Total Credit Card Debt \$ _____
Student Loans \$ _____
Other Liabilities \$ _____

Total Liabilities \$ _____

Total Assets \$ _____

Net Worth (Total Assets – Total Liabilities) \$ _____

Monthly Expenses

Mortgage/Rent \$ _____
Utilities \$ _____
Telephone \$ _____
Medical Bills \$ _____
Insurance: Health \$ _____
Insurance: Auto \$ _____
Insurance: Home/ Renters \$ _____
Prescription Drugs \$ _____
Medical Equipment \$ _____
Groceries \$ _____
Childcare/ Eldercare \$ _____
Child Support \$ _____
Other \$ _____

Total Monthly Expenses \$ _____

In addition to completing this form, please attach copies of the following items: **1)** Most recent federal tax form, **2)** Current pay stub (if a two income household, please provide for both working adults) **3)** Monthly household bills (i.e. utilities, car payment, mortgage/ rent, etc.). **Please note:** you may black out all specific account numbers. This information is only for verification purposes. Also, Angels Among Us will keep the information on file, but may require updated information at their discretion.

Please explain any circumstances that would further clarify the information reported above. Attach additional papers if needed.

Have you recently applied for or been approved for Medicaid? _____

Please share the area of your greatest need. _____

Certification & Signatures

I certify that the information provided is accurate and complete to the best of my knowledge.

Father's Signature _____ Date _____ Mother's Signature _____ Date _____

Confidentiality Clause: Angels Among Us considers this application, and its attached information, confidential. Angels Among Us shall not use the Confidential Information other than for the purposes of its business with the applicant, and shall disclose it only to its officers, board members, or government agencies with a specific need to know. Angels Among Us will not disclose, publish or otherwise reveal any of the Confidential Information received from applicant to any other party whatsoever except with the specific prior written authorization of Applicant. By signing below you give Angels Among Us, Inc authorization to speak with the social work department and/ or Doctors to verify your situation.

Parent Signature _____ Date _____

Consent to use Photograph and Likeness: I hereby consent to the use of my child's photograph or likeness by Angels Among Us for purposes of advertising or promoting services. I understand that, as used in this consent, "photograph" means any photograph or photographic reproduction. Please email to us a digital photo of your child for our use and our records. Occasionally, grant Foundations funding our project request progress updates on our program, and how it is making a difference. Your signature here is granting us permission to share with them the positive impact on your family.

Parent Signature _____ Date _____

Consent to be a Featured Family at Future Angels Among Us Events: I hereby consent that my family would be willing to participate as a Featured Family at a future Angels Among Us event. This includes, but is not limited to, participating in future events and telling my family story.

Parent Signature _____ Date _____