



Awards for financial assistance will be based on the following criterion:

1. Documentation of diagnosis - must be from the diagnosing doctor - on his/her letterhead.
2. Completed application (below).
3. The needs of each family.
4. The organization's budget.
5. Availability of services or equipment.



Application for Family Assistance

Parent/ Guardian Information

Parent/ Guardian #1

Name _____

Home Address: _____

Phone Number: _____

Email Address: _____

Place of Employment: _____

Work Address: _____

Work Phone Number: _____ Annual Income: _____

Parent/ Guardian #2

Name _____

Home Address: _____

Phone Number: _____

Email Address: _____

Place of Employment: _____

Work Address: _____

Work Phone Number: _____ Annual Income: _____

Household Information

Total Yearly Household Income: _____ Total Members of Household: _____

Number of Children in Family: _____ Number of Children with SMS: _____

Do you care for any dependents who are not children? No Yes

If yes, please attach a statement to your application explaining your obligation to the dependent(s), including your estimated expenses incurred in caring for the dependent.

Child Information

Name of Child with SMS: _____

Child's Birth date: _____ Year of Diagnosis: _____

Diagnosing Doctor: _____

