

Patient's Diagnosis _____

Date of diagnosis _____

Where is the patient being treated? _____

How far is the treatment site from where you live? _____

If you travel for treatment, where do you reside during your stay?

Specify which things you need help with and the amount of each.

- | | |
|--|-----------------|
| <input type="checkbox"/> House Payment | Amount \$ _____ |
| <input type="checkbox"/> Utilities | Amount \$ _____ |
| <input type="checkbox"/> Car Payment | Amount \$ _____ |
| <input type="checkbox"/> Food | Amount \$ _____ |
| <input type="checkbox"/> Travel Expenses | Amount \$ _____ |
| <input type="checkbox"/> Parking | Amount \$ _____ |
| <input type="checkbox"/> Other (explain below) | Amount \$ _____ |

Other (please explain)

Income

What is your total combined monthly income? (please include each parent) _____

Has either parent had to quit work or cut back in hours to care for your sick child?

- Yes
- No

Briefly explain

Is there any additional information that you would like share with us?

Acknowledgement

I certify that the above information is correct to the best of my ability and hereby authorize Addi's Faith Foundation to request and receive information for verification of the information I provided.

Name (please print) _____ date _____

Signature _____

Addi's Faith Foundation relies upon the compassion of many kind businesses and individuals. We like to keep them informed about how their generous donations are being utilized. If your application is granted, Addi's Faith Foundation reserves the right to use your story and photos on our website and other collateral materials. (Your personal financial information will remain confidential).

- Yes, I will grant permission to use our story and/or photos.
- No, I do not grant permission.

Name (please print) _____ date _____

Signature _____

Please mail your application to:

Addi's Faith Foundation – 2410 Riverway Oak Drive – Kingwood, TX 77345