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Christopher's Cure Hardship Fund Application Information

Financial assistance will be provided to families with critically ill children that demonstrate a financial need that is a direct result of the child's illness (such as loss of income, incurred travel expenses). **The application should be submitted through your social worker at the medical facility you're receiving treatment** and directed to Robin Hirth (Southwest Association Management) at the email/fax above.

The attached application must be completed in its entirety to determine qualified applicants for financial assistance. Along with the completed application, please provide copies of bills or invoices for which you are requesting assistance.

Christopher's Cure Hardship Fund will only pay for expenses that have a direct impact on the patient's quality of life.

Payments are made directly to the creditor upon verification of amount. Subject to approval, eligible monthly expenses include:

- Mortgage or Rent (up to \$1000)
- Transportation (up to \$350)
- Utilities (up to \$150)
- Child Care Facilities (up to \$200)

Not included for assistance:

- Medical Insurance Payments
- Medical Expenses
- Credit Card Payments
- Cable TV
- Clothing
- Phone/Cell service

Christopher's Cure Hardship Fund Application

Date: _____

Family & Applicant Information

Parent(s) or Guardian Name(s): _____

Name of Applicant Child: _____

Applicant Child Date of Birth: _____

Home Address: _____

Telephone: _____

Email Address: _____

Please list other members of household:

<u>Name</u>	<u>Age</u>	<u>Relationship to patient</u>
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_____	_____	_____
_____	_____	_____

Reason for Need

Diagnosis: _____

Expected Duration of Treatment: _____

Facility of Treatment & Care: _____

Social/Case Worker Name: _____

Social/Case Worker Telephone: _____

Social/Case Worker Email: _____

How will your child's diagnosis & treatment affect your current income & expenses?

Employment Information*

If unemployed, last day of employment: _____

Employer #1

Company: _____ Monthly Income: \$ _____
Supervisor Contact Information (for verification)

Paid Leave Available (number of days): _____

Employer #2

Company: _____ Monthly Income: \$ _____
Supervisor Contact Information (for verification)

Paid Leave Available (number of days): _____

Employer #3

Company: _____ Monthly Income: \$ _____
Supervisor Contact Information (for verification)

Paid Leave Available (number of days): _____

Financial Information – Income/Assets

Total monthly income-salary or wages (take home pay): \$ _____

Checking Account Balance: \$ _____ Savings Account Balance: \$ _____

Supplemental Monthly Income from other forms of assistance:

\$ _____ Public Assistance Welfare/AFDC

\$ _____ SSI

\$ _____ Unemployment or disability

\$ _____ Tribal Benefits

\$ _____ Other - Description _____

Financial Information – Expenses/Debts

Residence: Mortgage Rent Monthly payment: \$ _____

Vehicles:

Vehicle #1 make/year: _____

Monthly payment \$ _____

Vehicle #2 make/year: _____

Monthly payment \$ _____

Other Debts:

#1 Description: _____

Monthly payment \$ _____

#2 Description: _____

Monthly payment \$ _____

Total Financial Assistance Requested*

**Provided copies of invoices or bills*

Assistance Category #1: Mortgage Rent Car payment Childcare

Utilities Other _____

Payee #1: _____ Amount #1: \$ _____

Assistance Category #2: Mortgage Rent Car payment Childcare

Utilities Other _____

Payee #2: _____ Amount #2: \$ _____

Assistance Category #3: Mortgage Rent Car payment Childcare

Utilities Other _____

Payee #3: _____ Amount #3: \$ _____

Please use this space to provide any additional information you fee necessary:

The above completed application is my request for financial assistance. The statements I have made are correct, complete and true. I grant the Christopher’s Cure Hardship Fund right to verify the information contained on these pages.

Signature

- Yes, you may contact me for a testimonial on how the Fund has helped me?
- No, Thank You.