



Christopher's Cure Hardship Fund
7225 W. Oakland St., Ste. 1, Chandler, AZ 85226

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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 at Southwest Association Management.

The attached Christopher's Cure Hardship Fund 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.

The 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
- Transportation
- Utilities
- Child Care Facilities

We cannot assist with:

- Medical Insurance Payments
- Medical Bills
- Credit Card Payments
- Cable TV
- Clothing



Christopher's Cure Hardship Fund Application

Family & Applicant Information

Date: _____

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:

Name	Age	Relationship to child applicant
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_____	_____	_____
_____	_____	_____

Reason for Need

Diagnosis: _____

Expected Duration of Treatment: _____

Facility of Treatment and Care: _____

Social Worker / Case Worker Name: _____

Social Worker / Case Worker Telephone: _____

Social Worker / Case Worker Email: _____

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

Employment Information

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): _____

*If unemployed, last day of employment: _____

Financial Information – Income/Assets

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

Checking Account Balance _____

Savings Account Balance _____ 401k/ Retirement Balance _____

Supplemental Monthly Income from other forms of assistance:

\$ _____ Public Assistance
Welfare/AFDC

\$ _____ Tribal Benefits

\$ _____ SSI

\$ _____ Other
(Description)

\$ _____ Unemployment or
Disability

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*:

*Provide copies of invoices or bills

Assistance Category #1: Mortgage Rent Car Payment Childcare
Utilities Other _____

Payee #1: _____ Amount #1 \$ _____

Assistance Categories #2: Mortgage Rent Car Payment Childcare
Utilities Other _____

Payee #2: _____

Amount #2 \$ _____

Assistance Categories #3: Mortgage Rent Car Payment Childcare
Utilities Other _____

Payee #3: _____

Amount #3 \$ _____

Please use this space to provide any additional information you feel 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.

