Financial Assistance Application

Guidelines for Financial Assistance
Financial assistance provided by Adam's Angels Ministry is made possible because of generous donors. These funds are made available for families with the greatest need. To apply for financial assistance contact your social worker and complete the attached application. Once fully completed the social worker must approve and email or mail completed copy to address listed on application.

- Any child diagnosed with cancer on or before his/her 20th birthday and treated before his/her 21st birthday is eligible for consideration.
- The child/family must be referred by their physician or assigned social worker who will in turn provide them with an AAM Application for Financial Assistance.
- Any child diagnosed with cancer must come from a family currently experiencing financial stress due to the child's cancer treatment preventing a parent from working, resulting in financial distress.
- Financial stress occurring before the child's diagnosis is not considered a part of the financial hardship.
- Child's caregiver/parent/guardian must complete a Financial Assistance Application through their hospital social worker. **(Incomplete applications will not be considered for review.)**
- **Copies of the most recent outstanding bill MUST be attached to the Financial Assistance Application upon submission by the social worker.**
- Submitted bills MUST be in the name of the applicant and not a third party.
- When requesting payment for rent, a copy of the lease agreement must be provided. In addition, partial rent or mortgage payments will not be made.
- The patient MUST be residing at the home where assistance is being requested.
- If the family is approved, the AAM Patient Navigator will contact the child's social worker via telephone call or email regarding the approved payment.
- AAM financial assistance checks are made **payable to the creditors only on your behalf. (Account nos., phone numbers and/or any code to make the payment must be provided on the application.)**
- Payments that can be made by AAM Credit Card are the preferred method of payment as well as the fastest.
- Cash payments ARE NOT considered as a form of payment by AAM.

.

The AAM Board of Directors reserves the right to waive any of the stated requirements as they deem appropriate.

AdamsAngelsMinistry.org • angels@AdamsAngelsMinistry.org • P O Box 2573 • Brenham,, Texas 77834-2573 • 979-836-0955

Financial Assistance Application

Personal Information
(Please Print)

Mother or Guardian's Full Name:		***Cell Phone No.***	
Father or Guardian's Full Name:		***Cell Phone No.***	
If Guardian – State Relationship to Patient:			
(Patient must reside at address applying for assistance.) ***Mailing Address:***	*City:*	*State:*	*Zip:*
Marital Status: ☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Cohabitating* ☐ *Widowed* ☐ *Separated*	***Are parents living at same address?*** ☐ *Yes* ☐ *No*		
Status of Home: ☐ *Own* ☐ *Rent* ☐ *Live w/relative*	***How long at this address?***	***Monthly payment*** $	
Primary Email address:	*Secondary Email address:*		
Presently attending a church? ☐ *Yes* ☐ *No* *Member?* ☐ *Yes* ☐ *No*	*Name & Address of Church:*		
Do you have the following (please check): ☐ *CarePage* ☐ *CaringBridge Site* ☐ *Facebook page* ☐ *Blog* *Name of page:*			
May we add your child's name to our church prayer list & AAM Facebook page? ☐ *Yes* ☐ *No*			

Employment Information
(Please Print)

Mother's Employer:	*Employer's Telephone No.:*
Address:	
☐ *On Paid Leave* ☐ *On Un-Paid Leave* ☐ *Quit Job* ☐ *Reduced Hours* ☐ *Was not Working* ☐ *Looking for Work*	
Father's Employer:	*Employer's Telephone No.:*
Address:	
☐ *On Paid Leave* ☐ *On Un-Paid Leave* ☐ *Quit Job* ☐ *Reduced Hours* ☐ *Was Not Working* ☐ *Looking for Work*	

Family Income
(Please Print)

Total Monthly Family Income Prior to Diagnosis:	**Current Monthly Income:**

Other Income Sources – Type & Amount per month *(check & complete all that apply):*

☐ Child Support ______________ ☐ Disability $ _____________ ☐ Social Security $______________
☐ Food Stamps $_________________ ☐ Unemployment $________________ ☐ VA Assistance $_______________
☐ Alimony $___________________________ ☐ Housing Allowance $______________
☐ Go Fund Me/Online Fundraisers $______________ ☐ Other $________________________
☐ Organizations (Name & Amount : ____
____

Patient Information
(Please Print)

Patient's Full Name:			☐ **Male** ☐ **Female**
Type of Cancer:		**Date Diagnosed:**	
Age:	**Date of Birth:**	**Disabilities:**	

Racial/Ethnic Group: ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Bi-Racial
☐ Black, not Hispanic Origin ☐ Hispanic ☐ White, not of Hispanic Origin ☐ Other ______________________________

Treated At: ☐ Texas Children's Hospital-Houston, TX ☐ TCH-The Woodlands, TX ☐ TCH-Katy, TX
☐ Dell Children's Medical Center-Austin, TX ☐ MD Anderson Children's Cancer Hospital-Houston, TX

Patient is presently: ☐ Active Treatment - Projected Completion Date ____
☐ Relapsed – Date ________________________ ☐ In Remission – Date ________________________________
☐ In Maintenance - time remaining___________________ ☐ Recently Deceased – Date ___________________________

Hospital Social Worker (required):	**Telephone No.:**
Signed up with Candlelighters? ☐ Yes ☐ No	**Consultant's Name:**
Patient's favorite color:	**Hobbies or Interests:**
Additional patient information:	

Family Members/Others Living in the Home

Name:		
☐ Male ☐ Female	Age:	Relationship:
Name:		
☐ Male ☐ Female	Age:	Relationship:
Name:		
☐ Male ☐ Female	Age:	Relationship:
Name:		
☐ Male ☐ Female	Age:	Relationship:
Name:		
☐ Male ☐ Female	Age:	Relationship:
Name:		
☐ Male ☐ Female	Age:	Relationship:

Assistance Information

(Please Print)
Check Boxes & Prioritize Assistance Being Requested

Fuel: ☐ Yes ☐ No Appointments per month: ______________ Approximate miles to and from:_________	**Groceries:** ☐ Yes ☐ No	**Telephone:** ☐ Yes ☐ No Amount $_______________ Company: ______________________________________ Contact No.: ___________________________________
Car Payment: ☐ Yes ☐ No Amount $______________________________ Company: _____________________________ Telephone No.: ________________________	**Utilities:** **Company Name:** **Telephone No.:** Gas ☐ Yes ☐ No ____ Electric ☐ Yes ☐ No ____ Water ☐ Yes ☐ No ____ Amount: $ ____	
Rent: (no partial pymts.) ☐ Yes ☐ No Amount $ ____________________________ Landlord: ____________________________ Telephone No.: _______________________	**Mortgage Pymt.: (no partial pymts.)** ☐ Yes ☐ No Amount $____________ Company Name: ____ Telephone No.: ____	
Car Insurance: ☐ Yes ☐ No Amount $______________________________ Company: _____________________________ Telephone No.: ________________________	**Parking:** ☐ Yes ☐ No ☐ Weekly - # of times ______________________ ☐ Monthly - # of times ______________________	
Other: (explain)		
Any other information you would like to share:		

Acknowledgement

I understand that by signing this application, I give consent to AAM to verify information with all parties mentioned on this Financial Assistance Application. I understand that my personal information will not be published or shared with the public or a third party. (Personal information is defined as home address, phone number, and email address and creditor information.) I also declare that the information on this application (including attached receipts) are true and correct to the best of my knowledge.

I authorize the verifier (social worker, healthcare provider, etc.) provided on this form to release information (including diagnosis, treatment status and other pertinent information related to this Financial Assistance Application) to AAM as necessary to determine eligibility and/or processing this Financial Assistance Application.

Signature of Mother/Guardian: **Printed Name:**	**Date:**
Signature of Father /Guardian: **Printed Name:**	**Date:**

Approval by Social Worker

Signature: **Printed Name:**	**Date:**

Anti-Discrimination Policy: You and your child will not be discriminated against or denied assistance because of your race, religion, color, national origin, gender or political affiliation. All Financial Assistance Applications will be reviewed on a case-by-case basis and final determination will be made based upon your eligibility, AAM guidelines and the availability of funds.