The ChangeWorks! Foundation

2029 N. Kenwood St., Burbank, CA 91505
www.changeworksfoundation.org

Application for Financial Assistance
Please Print Clearly

All Applications for Financial Assistance are reviewed on a case-by-case basis. Determinations of grants are based on the needs of the family and the funds available to the Foundation for disbursement.

Families applying for funds must live in the State of California and meet the following criteria:

1) The child afflicted with cancer must be 17 years old or younger;
2) The family must have incurred at least $5,000 in out of pocket expenses related to cancer treatment; and,
3) The family must have a household income between $20,000 and $150,000

PATIENT INFORMATION Application Date:

First Name: Last Name: Date of Birth:

PARENT INFORMATION

First Names: Last Name:

Address: City, State, Zip:

Phone Numbers Home: Work:

Cell: e-mail address:

MEDICAL INFORMATION ***To be completed by treatment staff***

Primary Diagnosis: Date of Diagnosis:

MD Name: Hospital/Clinic:

Name of Person Providing Information: Telephone Number:

Signature of Person Providing Information:

HEALTH INSURANCE INFORMATION

Does the patient have health insurance? □ YES □ NO

Name and telephone number of Health Insurance Provider:

By signing below, I give permission to representatives of The ChangeWorks! Foundation to contact my child's healthcare provider (including any member of the hospital/clinic treatment team) to verify my child's diagnosis, to the financial unit(s) of my child's healthcare provider to verify any out-of-pocket expenses I/we may have incurred, and to my child's health insurance provider to verify limitations on health insurance coverage which may have resulted in out-of-pocket expenses. This information will be used by The ChangeWorks! Foundation solely for the purpose of verifying the information in and attached to this application, and will not be used or shared by or with any other organization for any other purpose.

Signature of Parent: Date:

IMPORTANT INFORMATION: Complete applications must include 1) a copy of the first page of the family's most recent tax return and 2) proof of at least $5,000 in unreimbursed out-of-pocket expenses directly related to treatment. Attach both sets of documents to this application before submitting.