



Contractors For Kids
20 Peachtree Court, 103-L
Holbrook, NY 11741
1-888-208-KIDS
"We Will Be There"

Application For Financial Assistance

INSTRUCTIONS

Please complete this application in full to be considered by the gifting committee.

Please be sure the following is attached:

COMPLETE AND NOTARIZE

(1) Application

(2) Medical Proxy Authorization

(3) Photo Release(optional)

- A family letter explaining your financial situation and why you need financial assistance**
- A letter from the child's physician stating diagnosis and circumstances that might support your financial need**
- Personal Tax Return (pages 1 & 2), Schedule A Itemized deduction (line 40 on page 2) of both parents/legal guardians**
- Last (2) months of Bank Statements**
- Last two paystubs or proof of income for both parents/legal guardians**
- Birth Certificate of child or legal guardianship papers**
- Copies of ALL BILLS you are requesting assistance with as well as supporting financial income documents**

**** More information may be required**

CONTRACTORS FOR KIDS APPLICATION FOR FINANCIAL ASSISTANCE

Child's Name:	Gender: M / F	Date of Birth:	Age:
Diagnosis:			Age at Diagnosis:
Primary Care Physician Name:	Physician Phone:		
Social Worker:	Hospital:	Social Worker Phone:	
Medical Insurance: YES NO	Provider:	Medical Deductible:	
CONTACT INFORMATION			
Parent/ Legal Guardian:	Parent/ Legal Guardian:		
Address (where child resides)	City, State, Zip:		
Home Phone:	Cell Phone:		
Email:	Alt Phone:		
How did you hear about Contractors For Kids?			
# Adults in Household (18+):	# Dependents in Household:		
<i>As a result of my child's illness, we are requesting assistance with the following bills: (copies must be attached)</i>			
Company Name	Statement Date	Monthly Payment	Past Due
Date Received:	Reviewed by:		
Date Responded:	Amount of Gift:		

CONTRACTORS FOR KIDS APPLICATION FOR FINANCIAL ASSISTANCE

INCOME

Gross Salary Parent/ Legal Guardian (1):	Gross Salary Parent/ Legal Guardian (2):
Federal Aid Income:	Social Security for all Children:
Child Support for all children:	Section 8 Assistance:
SNAP Food Stamps:	HEAP Heat Assistance:
Social Security for all children:	Other Income/Rental Income:

ASSETS

Checking Balance: (attach last 2 statements with detail)	Retirement Funds:
Savings Balance (attach statement):	Personal Residence Value:
Certificates of Deposit (CD's):	Rental Income:

LIABILITIES

Do you have a Life Insurance Policy for child? If YES, policy type/value:

	Monthly Payment	Total Due	Statement Date		Monthly Payment	Total Due	Statement Date
Mortgage Balance:				Electric:			
Home Equity Balance:				Phone:			
Rent:				Cable:			
Credit Card: (include detail)				Heat:			
Auto Loans:				Personal Loans			
Auto Insurance:				Other Expenses			

If you are receiving or have received assistance from any charity or fundraiser, please list below:

Charity Name	Date Received	Amount Received	Charity Name	Date Received	Amount Received
Family/Friends			Church/ Synagogue		
Friends of Karen			Go Fund Me		
A Mother's Kiss			Other		

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that false statements may disqualify me from receiving assistance.

X _____ X _____
 Parent or Legal Guardian Signature Parent or Legal Guardian Name Printed
 State of New York
 County of _____ on this _____ day of _____ 20____ personally appeared _____
 Personally known to me or proved to me to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged that he/she is the parent/legal guardian of the named child and this document is a true representation.

 Notary Public



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AGENT PROXY AUTHORIZATION

MEDICAL INFORMATION

Please be advised that I have designated Debbie O'Rourke, Cathy Sinclair, RN, Maria Salvo and Donna Worsell of CONTRACTORS FOR KIDS, INC. (CFK) a New York not for profit corporation and charitable organization under IRS 501 (c)(3), to represent, advise and assist the undersigned _____ (Parent/Legal Guardian Name) in my application to CFK for financial assistance due to the medical condition of my child.

This proxy shall take effect immediately without any further authorization or notice to me to facilitate my application.

My agent(s) herein named shall also have the authority to execute any and all releases and authorizations, and to request, communicate and or to disclose and related medical information and patient records of the undersigned in the same manner as the designated individual(s) involved with my care and as may be the subject of or required by the Health Insurance Portability and Accountability Act (HIPAA).

Please share all pertinent information of the undersigned related to medical information and records, insurance coverage and appeals with them in order to expedite representation. If additional information is required, please contact any of the above designates at 631-617-5152 (Fax No. 631-617-5153) or write or email them at CFK@ContractorsForKids.org or at CONTRACTORS FOR KIDS, INC. located at 20 Peachtree Court, 103L , Holbrook, NY 11741.

Child's Full Legal Name: _____

Parent or Legal Guardian: _____

Date: _____



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Consent and Release of Name, Pictures and Letters

Note: This form is not mandatory

Of _____

I/ We the undersigned hereby represent and warrant that I/we are the parent(s) and legal guardian(s) of the child _____, in regard to a charitable donation to us made by Contractors For Kids, a New York not for profit corporation and tax exempt charitable organization ("CFK").

I/We acknowledge and agree in consideration of the receipt of the donation by CFK that I /we hereby grant, consent and release to CFK the right to use the name, pictures, letters, likeness or voice of the undersigned or the above said child by CFK in any advertising, marketing, and/or promotional purpose, in CFK's sole discretion including, but not limited to the use of same on CFK's Web site, without any further consent, authorization, consideration or compensation, except where expressly prohibited by law.

I/ We agree to release CFK, its officers, directors, agents, employees, administrators, principals, insurance carriers, successors and assigns from all claims, actions, causes of action, suits, debts, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments and extent which I/we, heirs successors or assigns ever had, now have or hereafter can, shall or may have, for, upon, or by reason of any matter, cause or thing whatsoever from any and all claims, disputes liabilities resulting from or in connection with the entry, possession or use of any name, pictures, letters, likeness or voice or any such intellectual property rights utilized by CFK of the said child or the undersigned and agree to forever indemnify and hold harmless CFK for same.

I/ We agree that CFK and its agents shall not be not responsible for any errors or omissions which may occur in processing, printing, copying, advertising, marketing, promotion or distribution of any of the above mentioned use of the said child or parents likeness or letter by CFK.

This Consent and Release may not be changed orally.

Name:

Date

Name:

Date

State of New York

County of _____ on this _____ day of _____ 20____ personally appeared _____

Personally known to me or proved to me to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged that he/she is the parent/legal guardian of the named child and this document is a true representation.

Notary Public