



## **Addi's Faith Foundation**

### **Funding Research ~ Fighting Cancer ~ Finding Hope**

2410 Riverway Oak Drive | Kingwood, TX 77345

[www.AddisFaithFoundation.org](http://www.AddisFaithFoundation.org)

[info@addisfaithfoundation.org](mailto:info@addisfaithfoundation.org)

### **Guidelines for families seeking financial assistance**

Applications are accepted from any child in the US under the age of 21, any type of cancer diagnosis, and from all income levels. Although Addi's Faith Foundation strives to help as many families as possible, we simply cannot meet every request and priority is given to Houston area, brain tumor patients, with a high financial need.

In order for your application to be reviewed you must submit the following:

- Application that is thoroughly completed by a parent or legal guardian. The more information you can provide the better. *(incomplete applications will not be reviewed)*
- A patient confirmation letter from your doctor or licensed social worker on letterhead explaining the child's diagnosis, family situation, and treatment plans for the next 60 days.
- Child's photo. This is not a requirement, but we love to put a face with the name.

### **Please submit this application along necessary documentation to:**

Addi's Faith Foundation | 2410 Riverway Oak Drive | Kingwood, TX 77345

**Or email a scanned copy to:** [info@addisfaithfoundation.org](mailto:info@addisfaithfoundation.org)

\*\*\* Please allow 4-8 weeks for a response. \*\*\*



**Specify which things you need help with and the amount of each.**

- House Payment Amount \$ \_\_\_\_\_
- Utilities Amount \$ \_\_\_\_\_
- Car Payment Amount \$ \_\_\_\_\_
- Food Amount \$ \_\_\_\_\_
- Travel Expenses Amount \$ \_\_\_\_\_
- Parking Amount \$ \_\_\_\_\_
- Other (explain below) Amount \$ \_\_\_\_\_

Other (please explain)

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**Income**

What is your **total combined monthly** income? (Please include each parent) \$ \_\_\_\_\_ monthly income

Has either parent had to quit work or cut back in hours to care for your sick child?      YES      NO

Briefly explain

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Please provide any additional information that will help us understand your child, family situation, etc.

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**Acknowledgement**

By signing this application, you are agreeing to allow publication of your child's name, medical condition, story and photos by Addi's Faith Foundation. Additionally, by signing this, you are giving your medical professionals and Addi's Faith Foundation permission to share medical information about your child's case.

Name (please print) \_\_\_\_\_ date \_\_\_\_\_

Signature \_\_\_\_\_