

CHARITY FOR CHILDREN, INC.

This information in this sheet will be used to evaluate financial assistance. Please accurately answer all questions. Information is kept confidential. Return completed form along with most recent W-2 form to:

Charity for Children, P.O. Box 204, Syracuse, New York 13206 (315-802-7323) or you may fax it to attn.: Nina 315-299-8114

Date: _____

Parents
Name: _____

Child's Name: _____ Child's Date of Birth: _____

Address: _____

Zip: _____ Home Phone: _____ Cell phone: _____

Email Address: _____

Father's Employer: _____

Address _____

City/State/Zip _____

Mother's Employer: _____

Address: _____

City/State/Zip: _____

Child's
Diagnosis: _____

Name of child's primary physician and/or
specialist: _____

What is your primary source of income? _____

How many people including you does this income support? _____

Does the child participate in the Home and Community Based Services Waiver or the Care at Home Waiver _____

If so who is the Case Manager and from what program? _____

Name of Insurance? _____

Do you have a deductible on your coverage?

Do you have a co-pay:? _____ If so how much? _____

List additional insurance companies if necessary:

Who does the child reside with? _____

Do you own your own home? _____

Monthly Expenses:

Mortgage/Rent\$ _____ Utilities\$ _____

Estimate other monthly expenses, not including mortgage/rent or utilities \$ _____

Bank Accounts: Name of Institution _____

Checking Account _____

Savings Account _____

Other Accounts: Please list _____

Have you ever received any financial assistance from other agencies? If yes please specify.

Are you receiving assistance now from any other agency? _____ if yes, please specify. _____

What is your most immediate need from Charity for Children?

The information provided is true and accurate to the best of my ability. If any changes occur, I will notify Charity for Children, Inc. Any of the information provided above can be shared by Charity for Children with other agencies that may be able to provide additional services.

Signature

Date