



## **children's relief fund**

The Board Members of Children's Relief Fund (CRF) understand that circumstances may cause you to reapply for funding for medical treatment in the following year. We do all that we can to make funds available to those in need. We have a limited amount of money in our budget for reapplications of medical funding, so the criteria to reapply are as follows:

- All medical bills must be in good standing.
- Show proof that they have exhausted all other means of funding for treatment. (such as Medicaid, health insurance, Baby Net, CRS, etc.)
- Family financial circumstances cannot cover the cost of medical bills.
- All original CRF application terms were met.

If your family meets all of the items listed above please fill out the application attached to this document and attach all information that shows the need for more funding. Also, please understand that only in special circumstances do we fund a child's medical treatment for more than 2 years.

Sincerely,

The Board of Directors of Children's Relief Fund



## children's relief fund

Reapplication for Funding \_\_\_\_\_ # of Years Funded

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis/Disability: \_\_\_\_\_

Parent/Guardian Name & Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Single Parent Home \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Both Parents in Home \_\_\_\_\_

\_\_\_\_\_ Lives with Guardian \_\_\_\_\_

Have you checked with the following Companies or Agencies for funding (Please attach proof)?

\_\_\_\_\_ Medicaid \_\_\_ Health insurance \_\_\_ Babynet \_\_\_ CRS

Have you applied for insurance or financial assistance from other organizations? \_\_\_ Yes \_\_\_ No

If so, please list names of organization and date applied: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Please check what special education services child receives at school \_\_\_ None \_\_\_ Resource

Therapies: \_\_\_\_\_ Physical \_\_\_\_\_ Occupational \_\_\_\_\_ Speech

What services are you applying for:

- \_\_\_\_\_ Physical Therapy
- \_\_\_\_\_ Occupational Therapy
- \_\_\_\_\_ Speech Therapy
- \_\_\_\_\_ Assistance with Insurance Deductible
- \_\_\_\_\_ Equipment/Other (\$ \_\_\_\_\_)

If you are applying for equipment or other item, please describe: \_\_\_\_\_

Other Information regarding your need for financial assistance from CRF? \_\_\_\_\_

What amount could you afford to pay each session ? \_\_\_\_\_

Signature/Relation to Child \_\_\_\_\_ Date \_\_\_\_\_