



The Matthews  
Foundation

**APPLICATION FOR ASSISTANCE**

**Child's Name:** \_\_\_\_\_  
First Middle Last

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_ **Sex:** \_\_\_\_ **SS#** \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

**Home Address:**

\_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip code

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Alternate Phone Numbers:**

Mobile Numbers:

(\_\_\_\_) \_\_\_\_\_  
Mother/Guardian

(\_\_\_\_) \_\_\_\_\_  
Father/Guardian

Emergency Contact Numbers:

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email Address:

\_\_\_\_\_  
Mother/Guardian

Email Address:

\_\_\_\_\_  
Father/Guardian

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Legal Guardian(s) (other than parents) \_\_\_\_\_

**\*\*If the child lives with one parent and the other parent is still living, please attach a copy of the custody order or both parents MUST sign ALL documents.**

Sibling(s):

Name

Age

Relationship


**Medical Information:**

Name of Child's Primary Oncologist: \_\_\_\_\_

Address: \_\_\_\_\_

Oncologist Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Clinical Unit Phone Number: \_\_\_\_\_

Child's Medical Diagnosis: \_\_\_\_\_

Treatment Hospital: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

Phase of Therapy Child is in: \_\_\_\_\_

**Social Worker/Child Life Specialist Information**

Social Worker Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

What daily living expenses does the family need help with:


\_\_\_\_\_  
Social Worker/Child Life Specialist Signature

\_\_\_\_\_  
Date

The Matthews Foundation may be updated by my child's physicians, social workers and child life specialists on any changes in my child's medical condition at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Physician's Documentation:**

This section of the application is being prepared by \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Induction : \_\_\_\_\_

Comments:

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I am the primary physician for the above named child. The parent(s)/guardian(s) have full knowledge of child's illness and are aware that I will be filling out this section of the application for The Matthews Foundation.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Household Income and Assets:**

Mother/Guardian

Employer: \_\_\_\_\_ Salary : \_\_\_\_\_ (net per year)

Phone# \_\_\_\_\_ Is Parent/Guardian on unpaid leave? \_\_\_\_\_

Father/Guardian

Employer: \_\_\_\_\_ Salary : \_\_\_\_\_ (net per year)

Phone# \_\_\_\_\_ Is Parent/Guardian on unpaid leave? \_\_\_\_\_

Other Income: SSI: \_\_\_\_\_ Child Support: \_\_\_\_\_ Other: \_\_\_\_\_

The parents/guardians MUST provide The Matthews Foundation with a copy of the following they need assistance with:

Rent/Mortgage Bill  
Car Payment

Utilities  
Health Insurance Payment

Car Insurance Payment

**Health Insurance Information**

Is patient covered by health insurance: \_\_\_\_\_

What is the name of the insurance company: \_\_\_\_\_

What is the percentage of coverage? \_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

I do hereby authorize all hospitals, financial institutions, and insurance groups to release to The Matthews Foundation, or its duly authorized representative, any information deemed necessary to complete its investigation of my application for financial assistance. In addition, I do hereby authorize all hospitals, financial institutions, and insurance groups to release to The Matthews Foundation, or its duly authorized representative, any information or itemized statements that pertain to bone marrow transplant and related expenses. I further authorize The Matthews Foundation, or its duly authorized representative, to provide such information to those institutions as may be reasonably required to assist our family and our child. All consents given herein shall continue until such time as the undersigned provides notice of termination in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name



The Matthews  
Foundation

### **LIABILITY AGREEMENT FOR PROGRAMS**

In consideration of benefits by The Matthews Foundation for

\_\_\_\_\_  
(Family Name)

The undersigned agrees to the following:

- 1) The undersigned has requested participation in The Matthews Foundation programs. All participants agree to release and absolve The Matthews Foundation for, from and against any and all liability, damages and claims of any kind, known or unknown which may be connected with or result from participation in The Matthews Foundation program.
- 2) Participants understand and agree that involvement in The Matthews Foundation does not guarantee every applicant financial assistance regarding their request for daily living expenses therefore, not holding The Matthews Foundation liable.
- 3) The undersigned both individually and on behalf of the family who is participating in The Matthews Foundation does release and absolve The Matthews Foundation, their volunteers, employees, directors agents and all other persons, businesses and corporations which may be liable from any and all actions, causes of action, claims and demands for, any damage for any incidents or occurrence which occur during the participation or consideration of participation in The Matthews Foundation.
- 4) The parents or guardians of the child give permission to The Matthews Foundation to contact the physician familiar with the child's medical diagnosis regarding the child's continued eligibility with The Matthews Foundation.

*By signing this agreement, you understood the terms in the liability agreement. All participants agree to the terms in this permit and acknowledge that you have fully read and understand this agreement.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (TMF)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



The Matthews  
Foundation

### **PUBLICITY AGREEMENT**

In consideration of benefits by The Matthews Foundation for

\_\_\_\_\_  
(Family Name)

The undersigned agrees to the following:

- 1) It is understood and agreed that participation in The Matthews Foundation programs may result in publicity. By signing this agreement you are allowing The Matthews Foundation to use the name, photos or video of all participants for publicity purposes.
- 2) The Matthews Foundation is aware of the desire for privacy and will respect any requests from program participants. However, if The Matthews Foundation does publicize activities, the media or general public may acquire information concerning the participants and the event, thus publicity may result. Each participant must understand that information regarding The Matthews Foundation programs may be publicized and the participants release The Matthews Foundation from all liability. Each of the participants hereby releases The Matthews Foundation from all damages, liability or claims resulting from, and or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding participants.
- 3) I agree that all participants have read and understand this Publicity agreement for Matthews Foundation prior to signing it. The undersigned are signing below to bind themselves, their minor children, and all participants, their heirs, successors and estates to the conditions in this release. Each participant agrees that this agreement is accurate and expresses the understanding of each and every participant. Each of the participants agrees that no modification of this release has been made orally or in writing and this release accurately and fully expresses the understanding of all participants.
- 4) By signing below, you agree and acknowledge that you have read and fully understand this agreement. All participants involved agree to all terms in this agreement. The agreement expresses the understanding of all participants in The Matthews Foundation programs.
- 5) It is further understood that this release contains the entire agreement between the participants and The Matthews Foundation.

*By signing this agreement, you are allowing The Matthews Foundation to use the name, photos or video of all participants, solely for publicity purposes.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (TMF)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date