



APPLY FOR HELP

Financial assistance may be available if your child is currently inpatient due to a cardiac crisis at Children's National Medical Center in Washington, DC.



Application Form

* indicates required field

Date *

Applicant's Name*

Relationship to Child*

Applicant's DOB

Address*

Street Address*

City*

State / Province / Region *

Email

Home Phone

Cell Phone*

Religion

Child's Name*

Child's DOB*

Gender

Child's Cardiac Diagnosis

Year of Diagnosis

Medical Center*

Name of Social Worker*

Please explain how your child's heart-related medical problems are impacting you and why you are seeking financial assistance at this time?

Applicant's Need*

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Lodging expenses | <input type="checkbox"/> Meal expenses | <input type="checkbox"/> Transportation cost | <input type="checkbox"/> Other |
| <input type="checkbox"/> Co-pays | <input type="checkbox"/> Mortgage /rent pmt | <input type="checkbox"/> Utility payments | |

We are aware that your journey is extremely difficult, and we want you to know we care. Our care team exists to listen, encourage and pray for you during your crisis. Although we often provide financial support, Wholehearted Foundation's hope is to also provide you with emotional and spiritual care.

Would you like to be contacted by a member of our Care Team?

- Yes, I would like that No, not at this time

Would you be interested in sharing your family story?

- Yes No

Signature : _____ **Date :** _____