



RUNWAY to HOPE

FAMILY ASSISTANCE PROGRAM APPLICATION

Runway to Hope is honored to be able to review your Family Assistance Application and learn more about your family's story. Runway to Hope serves the Greater Central Florida pediatric cancer community and the three main children's hospitals: Arnold Palmer Hospital for Children, AdventHealth for Children, and Nemours Children's Hospital.

Date of Application: _____

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

Type of Cancer: _____ Date of Diagnosis: _____

Hospital Affiliation: _____ Social Worker: _____

Oncology Doctor: _____ Currently Being Treated? YES NO

Parent/Guardian Name: _____ Last 4 of SSN *: _____

Phone Number: _____ Alt. Phone Number: _____

Email: _____

Address: _____

Total Family Size: _____ Total Household Annual Income: \$ _____

Family Income Sources: Salary SSI Child Support Food Stamps Other _____

Please include proof of salary or a bank statement to verify income sources.

Guardians Employer: _____

Is Parent/Guardian on unpaid leave? YES NO

Guardians Employer: _____

Is Parent/Guardian on unpaid leave? YES NO

Have you /your child participated in the Runway to Hope Spring Soiree? YES NO

If no, how did you find out about Runway to Hope? _____

Tell us your story:

What type of assistance are you seeking and why? (please be as specific as possible)

Updated November 2019

Please include your expenses below and attach a copy of the bill(s) requested if applicable.

Expense: _____ Amount: \$ _____
Expense: _____ Amount: \$ _____
Expense: _____ Amount: \$ _____
Expense: _____ Amount: \$ _____

Are any of the expenses past due? YES NO

If yes, how many days/months past due? _____

Special request(s):

Have you or your family received assistance from other non-profit organizations? YES NO

If so, please include organization name(s) and reason for assistance: _____

Date of Assistance: _____ Amount: \$ _____ Bill Paid: _____
Date of Assistance: _____ Amount: \$ _____ Bill Paid: _____
Date of Assistance: _____ Amount: \$ _____ Bill Paid: _____

Consent to Release Information and Affirmation

I do hereby authorize all hospitals, insurance groups, and financial institutions to release to RTH or its duty authorized representative, any information deemed necessary to complete its investigation of my application for financial assistance. I further authorize RTH and its representatives 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 notices of termination in writing. In order to advance financial assistance in conjunction with the medical treatment of _____ (Child's Name);

1. The undersigned are the parents or guardians of the child.
2. Financial Assistance will be provided with the use of said funds to be specified by RTH.
3. The undersigned further agrees to return any unused funds to RTH so that those funds can be utilized by the organization to benefit other families.
4. The undersigned acknowledges (s) and agree (s) to maintain records that will be made available to RTH upon reasonable request, detailing the expenditures made from the funds provided by the organization.

RTH will pursue restitution for grants if determined that the information submitted on the application is false. I declare that the information furnished on this application form, including the attached documents, is true and correct to the best of my knowledge.

Signature

Date

I hereby release the rights of this information to be used by Runway to Hope at any time they may deem it helpful to use in their efforts to raise more money for children and families battling cancer. I understand that my story may be shared via a number of different formats with the public including written, video, audio or photographic.

Signature

Date

*The last four of your social will give permission to a Runway to Hope representative to gain access to your accounts for the bills requested. This information is to expedite online bills and account access.

Funding Procedures:

Runway to Hope's Director of Family Assistance will contact you by phone and/or email once the application has been received. Once your completed the application has been received in its entirety, in addition to submitting the proper documentation, this will expedite your processing time.

Additional Information:

Please return completed form to:
Runway to Hope
189 S. Orange Avenue, Suite 1800 Orlando, FL. 32801
Email: bobbi@runwaytohope.org
Fax: 407-802-1455
Phone: 407-802-1544 x 202