



Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTACT INFORMATION:**

Child's Name:

\_\_\_\_\_

Child's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Gender:        Male / Female

Parent or Guardian's Name:

\_\_\_\_\_ Parent/Guardian 1

\_\_\_\_\_ Parent/Guardian 2

Parent or Guardian's Address:

\_\_\_\_\_ Address Line 1

\_\_\_\_\_ Address Line 2

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP Code

Parent or Guardian's E-Mail Address:

\_\_\_\_\_

Phone:

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

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

What is the Best Way/Time to Reach You:

\_\_\_\_\_

\_\_\_\_\_

Roar Beyond Barriers

Have You Signed the Media Release?

Yes / No

Have You Signed the HIPAA Authorization?

Yes / No

Social Worker's Name:

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Social Worker's Contact Info:

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(E-Mail)

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(Phone)

Treating Physician's Name:

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Treating Physician's Contact Info:

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(E-Mail/Phone)

Hospital Where Child is Treated:

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**MEDICAL INFORMATION:**

Child's Initial Diagnosis:

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Date of Diagnosis

\_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated Length of Time for Treatment Plan:

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Other Relevant Medical Information:

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How Did You Learn Your Child Had Cancer:

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Current Treatment Plan:

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Information on Child's Current Condition and Treatment:

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**ADDITIONAL INFO:**

Number of Individuals in Household

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Number of Individuals Employed in Household

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Total Family Income:

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Do You Receive Financial Assistance From Other Charities?

Yes / No

In the Space Provided Please Provide a Family Bio (Including siblings of the Child, family information, and other pertinent info.)

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## **SIGNATURE BLOCK**

### **Social Worker Signature:**

I, \_\_\_\_\_ certify that this form has been completed accurately and honestly to the best of my knowledge, on the date of \_\_\_\_\_.

### **Parental Signature:**

I, \_\_\_\_\_ certify that this form has been completed accurately and honestly to the best of my knowledge, on the date of \_\_\_\_\_.