



Phone: 860-573-3321 eMail: abbyshelpinghand@gmail.com Web: www.abbyshelpinghand.com
Address: PO Box 557 Broad Brook, CT 06016

Abby's Helping Hand Financial Assistance Application

Submittal checklist (documents needed will vary depending on the request)

- Application
- Letter from doctor on letterhead that includes the child's diagnosis, history of illness, specific request for funding and other relevant information
- Letter from specialist if requesting specialty services/equipment (therapist, audiologist, etc.)
- Letter of medical necessity from a social worker if requesting displacement assistance
- First page of your most recent federal income tax return
- Letter of denial from the insurance company

Date: _____

Child's Information

Last name _____ First name _____ Age _____

Birthdate (MM)____(DD)____(YYYY)_____

Male _____ Female _____

Family's Information

Guardian's last name _____ First name _____

Occupation _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

E-mail address _____

Guardian's last name _____ First name _____

Occupation _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

E-mail address _____

Number of parents _____ Number of dependent children _____ Guardian of the child _____

Financial Information:

Health insurance name (Private) _____ (Medicaid) _____

Gross family income (prior year) \$ _____

Last year's out-of-pocket medical expenses for the child \$ _____



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Amount requested from Abby's Helping Hand \$ _____

Has funding been sought from additional sources? Yes _____ No _____

If yes, please list _____

If funding has been received, from whom? _____

Amount \$ _____

Medical Information (physician associated with current care)

Physician's last name _____ First name _____

Title (DO, MD, etc.) _____

Child's clinical diagnosis _____

Additional Information:

Description of request:

How did you hear about Abby's Helping Hand? Family _____ Friend _____

Social worker _____ Hospital professional _____ Internet _____

Other _____

PHOTO RELEASE

Please enclose a current photo of the child for whom this request is being made.

Abby's Helping Hand may from time to time request to take and submit photos of your child/children to various publications for news-related stories about the Foundation and its related activities, including fundraising events. We may also use such photos for promotional purposes, such as in advertisements, press releases, web site use, etc. Please indicate whether you would approve the use of your child's photo for such purposes by marking the appropriate spaces below:

I will allow my child's photo to be used for promotional or news-related purposes: YES _____ NO _____

I will allow my child's name to appear in print for news-related purposes: YES _____ NO _____

Child's Name _____

Parent's Name _____

Parent Signature _____