



PO BOX # 7584 CUMBERLAND, RI, 02864
WWW.NATHANSANGELS.COM

FINANCIAL APPLICATION

PATIENT INFORMATION:

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

AGE: _____

SEX: FEMALE MALE

PARENT INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIPCODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

MEDICAL INFORMATION:

DIAGNOSIS: _____

DATE OF DIAGNOSIS: _____

IS YOUR CHILD IN ACTIVE TREATMENT: _____

WHAT TYPE OF TREATMENT:

CHEMOTHERAPY SURGERY STEM CELL TRANSPLANT

BONE MARROW TRANSPLANT RADIATION OTHER:

WHAT IS THE ANTICIPATED LENGTH OF TREATMENT: _____

WHERE IS THE PATIENT BEING TREATED: _____

ONCOLOGIST/SOCIAL WORKER

NAME: _____

EMAIL: _____

PHONE NUMBER: _____

SIGNATURE OF HEALTHCARE PROVIDER

DATE

WHO LIVES IN THE HOME? NAMES AND AGES
(SIBINGS PARENTS GRANDPARENTS)

Do you authorize NATHAN'S ANGELS MEMORIAL FOUNDATION to use your child's photo?
() Yes () No

Do you authorize NATHAN'S ANGELS MEMORIAL FOUNDATION to use your child's story?
() Yes () No

PHOTO AND INFORMATION RELEASE FORM

I grant to Nathan's Angels Memorial Foundation, its representatives the right to use photographs of my child in connection with the above-identified subject.

I, _____, the parent or legal guardian of _____ [Child] grant Nathan's Angels Memorial Foundation my permission to use the photographs and story enclosed for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

*****If selected as a recipient please submit a photo and 3-4 sentences about your child by email to utilize on day of event and on our Facebook page *****

IMPORTANT INFORMATION

- All applications must be complete to be reviewed.
- Child must live in and/or surrounding communities of Rhode Island.
- Child must be under the age of 18.
- Child must be diagnosed with a critical cancer diagnosis and in active treatment.
- Applications are open yearly from April 15 through June 30. Once open please complete the application and mail or e-mail by June 30. New recipients will be chosen early July for the current year.
- The foundation hopes to assist as many families as possible but realizes the needs are great and not every request can be funded.
- All donations are based on financial need and availability of funds.

Please submit completed application by:

Email:

lucille@nathansangels.com

Mail:

Nathan's Angels

P.O. Box 7584

Cumberland, RI 02864

I have read and understand the above:

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name: _____

Child's Name: _____