

# Application for **Msgr. Russ Kohler Children's Cancer Endowment Fund**

## Required Documentation

\*Note: To ensure your privacy, please see the notes below on redacting (blocking out) personal account information on any documentation supplied.

### **Please submit:**

1. A completed and signed Msgr. Russ Kohler Children's Cancer Endowment Fund Application Form (See Page 2) The PDF may be completed, then printed and mailed.
2. A clear digital photo (no photocopies or faxed copies) of the applicant (parent or legal guardian) with the child (Send photo with application or email to [info@kohlerkidscancer.com](mailto:info@kohlerkidscancer.com). Be sure to include the child's name and the applicant's name.)

### **To ensure your privacy, please send these by mail:**

1. A letter summarizing your current financial situation/hardship.
2. A letter from the treating physician and/or social worker on his/her letterhead stating:
  - A) the type of cancer diagnosed;
  - B) the treatment prescribed; and
  - C) a statement that the patient is currently in active treatment. **Please be sure to inform the medical professional that we will be contacting them.**
3. Most recent pay stub for Applicant (and their Spouse, if applicable)\* (Redact first 5 digits of Social Security Number)
4. (2) most recent bank statements for checking and savings accounts\* (Redact Account Number)
5. (2) most recent investment account statements\* (Redact Account Number)
6. A copy of Applicant's most recent W-2 and Tax Return\* (Redact first 5 digits of Social Security Number)
7. Copies of any specific bills that you need help paying (utility bills, mortgage coupon, invoice for temporary lodging, car repair estimate, child care, etc.)
8. A completed and signed Authorization for Release of Protected Health Information Form (download PDF) as required by the HIPAA Privacy Rules. Note that the 60-day expiration may be changed to any amount of time by the patient/family, if more time is needed to get the necessary documentation.

Applications submitted WITHOUT the required elements WILL NOT BE CONSIDERED.

### **Please mail the completed application form and additional required documentation to:**

Msgr. Russ Kohler Children's Cancer Endowment Fund  
c/o STAT Patients Family Services  
P.O. Box 63  
Newport, MI 48166

## Permission to Share Your Personal Information

All applications are kept confidential.

By submitting your grant application to the Msgr. Russ Kohler Children's Cancer Endowment Fund, we reserve the right and you (the applicant) hereby grant permission to share all information provided by the applicant to third parties (including your doctor or social worker) on an as-needed basis.

## Msgr. Russ Kohler Children's Cancer Endowment Fund Application for Financial Assistance

\* = Required Field; Please complete all sections of this Application.

### Applicant / Parent / Guardian Information

Full Name\*

Street Address\*

City\*

Zip Code\*

Michigan

Email\*

Phone Number

Relationship to Patient

Mother

Father

Grandparent

Other

### Patient Information

Full Name\*

Street Address\*

Same as Applicants

Different from Applicants (If different please fill out)

City\*

Zip Code\*

Michigan

Email (Optional)

Phone Number (Optional)



Date of Diagnosis\*

Is Patient in Active Treatment?\*

Yes

No

### **Financial Position**

Income\*

Please list all sources of household income including but not limited to: employment income, social security, disability income, unemployment, public assistance, child support, alimony, etc.

Assistance

Please list all other forms of financial assistance you are currently receiving, including but not limited to any GoFundMe accounts and hardship distributions.

Expenses\*

Please list all monthly expenses including but not limited to: rent or mortgage payment, utilities, phone (including cell phone), cable, car payments, insurance, gasoline, food, student loan payments, etc.

## **Other Financial Information**

### **Savings / Investments**

Please list all saving accounts as well as investment accounts and the related account balances.

### **Credit Card Debt**

Please list all credit cards, including outstanding balance and monthly payment amount

Other Liabilities.

Please list any other liabilities, including outstanding balance and monthly payment amount

## **Financial Assistance**

### **Expenditures to be Covered**

Please list all expenditures for which the Applicant is requesting assistance

## **Additional Documentation**

Please see Page 1 for list of additional documentation required to be submitted with the Application form.

Please mail documentation to **The Msgr. Russ Kohler Children's Cancer Endowment Fund, c/o STAT Patients Family Services, P.O. Box 63, Newport, MI 48166**. Be sure to include the Patient's name and the Applicant's name with your submission.

## Representation of Applicant

I certify that the information provided is true and correct as of the date opposite my signature below. Any intentional misrepresentation of the information contained in this Application will result in the loss of current and future assistance from the Endowment Fund and may result in civil and/or criminal liability.

The Applicant hereby releases the Endowment Fund from any and all liability, which may arise from the sharing of this information with third parties.

The Applicant hereby grants permission to the Endowment Fund to publish in print and/or electronic format, the likeness or image of myself, child and other family members. The Applicant releases all claims against the Endowment Fund with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

For the purpose of procuring assistance from the Endowment Fund from time to time, the Applicant will furnish the foregoing information as a true and accurate statement of his/her circumstances, including health, finances and any other information contained in this Application. Authorization is hereby given to the Endowment Fund to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the Endowment Fund immediately in writing of any significant change in any of the foregoing information.

### Name of Applicant

Full name

Please Sign Below