

My Child's
Hand



Financial Request Form

Child's Name _____ DOB: _____

Address: _____ State _____

Zip Code _____ Home Telephone _____

Other Telephone _____

Mother's Name _____

Father's Name _____

Siblings _____

Diagnosis _____ DOD _____

Dr. _____

Do you receive assistance from other agencies? Yes or No

If yes what agency? _____

Do you have health insurance? Yes or No

If so what insurance? _____

Reason for this Request

Amount Requested _____ Date of Request _____

I HEREBY AUTHORIZE THE RELEASE OF THE ABOVE INFORMATION AND
ANY OTHER PERTINENT INFORMATION TO MY CHILD'S HAND.

Signature _____

