

My Child's Hand



Financial Statement

To apply for financial aid from MCH, please complete this Application & Work Sheet and sign where indicated. Your Social Worker can assist you in completing this application and will process it for you. If you need additional help please call 203-221-1288.

Information about the Patient

Patient's name _____
Date of birth _____
Patient's address _____
City State Zip _____
Home phone _____
Home Email _____
U.S. Resident? Yes / No
Gender M F

To be completed by Social Worker, Doctor or Nurse

Date of diagnosis _____
Diagnosis _____
Physician name _____
Treatment Center _____
Phone _____
Is child currently receiving chemotherapy or radiation therapy? _____
Signed _____
Please print name & title _____
Date _____

Information about the Family

Primary contact? Father, mother, guardian other _____
Parent/Guardian's name _____
Home phone /Business phone _____
Employer _____
Insurance None _____ Medicare _____ Medicaid _____ Private _____
Are prescription drugs covered? yes no
If yes, please describe any limits on the prescription drug coverage _____
Please describe your family's financial situation _____

Type of aid you are seeking _____

I verify that all the information I have provided is truthful and complete.

Parent/Guardian signature _____ Date _____



Financial Worksheet

Estimated Monthly Family Expenses

Rent/mortgage: _____
Utilities/Phone _____
Childcare: _____
Medical _____
Food _____
Transportation _____
Estimated Monthly Family Income _____
Salary _____
Unemployment _____
Disability _____
Public assistance _____

Assets

House value _____
Car Value _____
Checking and savings balances _____
Brokerage accts balances _____

Liabilities

Mortgage Balance _____
Credit Card Debt _____
Other Loan Debt _____

Have you received any financial assistance from any organization since your child was diagnosed with cancer? _____

If so, please explain? _____

Please sign both pages.

I verify that all the information I have provided is truthful and complete.

Parent/Guardian signature _____ Date _____