Financial Assistance Application Instructions

The Jennifer Ireland Foundation provides financial for eligible families affected by cancer. Please complete the financial assistance application completely. If a question does not apply, write in "N/A.".

Return the application with the documentation listed below (send copies/do not send originals). If any of the documents are not available, send in what you do have and please note which item is missing and explain why. Failure to complete the application in its entirety or provide the required documents will significantly delay processing your application.

- Copy of most recent year's Federal Income Tax Return Form 1040
- Proof of any other income
- Copies of the current checking and savings account statements
- Copy of pathology report
- Copies of the bills requested to be paid

Please note that average financial assistance provided by the Foundation is $1000.00.

Criteria for Assistance

- Funding will aide families affected by cancer with dependent children under the age of 23
- Applicant must live in the Missouri or Kansas and be a US Citizen or Legal Resident
- Applicant must either be undergoing active treatment or undergone active treatment for cancer by an established oncologist within the last 12 months
- Applicant needs to be able to provide the requested documentation in the application
- Applicant must fill out required application in it's entirety
- Each complete application will be screened by our Director of Financial Aide and approved by the Board of Directors upon receipt
- Patients will be notified by correspondence from the Board regarding the decision of their application via email
- The Jennifer Ireland Foundation will directly pay bills

The Jennifer Ireland Foundation

Please complete form and mail to:
605 US 40 HWY #246
Blue Springs, MO 64014

Or fax to: *(888) 241-5901*

Or email to: *jif4families@gmail.com*

Please note that failure to complete application in its entirety and enclose the required documentation will significantly delay the application process.

Grant Request

General Information:

Name:_____ Date of birth:_____

Sex (circle): Male Female US citizen: Yes No

Address;_____ City/State:_____

- MUST live in Kansas or Missouri (effective September 2012)

Zip Code:_____

Phone #: _____

Email (**REQUIRED and please ensure legibility**):_____
All correspondence will be by Email

Marital Status (circle): Single Married Divorced Widowed

List DEPENDENT children (name and age):

- Dependent children defined as under the age of 23
- Verified by review of enclosed copy of current TAX RETURN

1._____ Age 2._____ Age
3._____ Age 4._____ Age
5._____ Age 6._____ Age

Diagnosis Information:

Cancer Diagnosis:_____

- **Applicant needs to provide copy of pathology report to confirm diagnosis**

Date of Diagnosis:_____ Stage of Cancer:_____

Attending Physician Name:_____

Name of Facility where you are undergoing care:_____

Treatment plan:_____
_____

- Applicant must either be undergoing active treatment or undergone active treatment for cancer by an established oncologist within the last 12 months

Financial Information:

Family household income per year: $_____

Please list source and amount of income (example: social security, child support, pension):

1._____ 2._____

3._____ 4._____

Current Checking Account Balance: $_____

- Please submit most recent statement.

Current Savings Account Balance: $_____

- Please submit most recent statement

Have you lost wages due to diagnosis? (circle) Yes or No
Are you no longer able to work? (circle) Yes or No
If Yes, please explain:

_____
_____
_____
_____
_____

Monthly Expenses

Expense	Total Owed	Monthly Payment
Rent / Mortgage		
Food		
Car / Transportation		
Cell phone / telephone		
Utilities		
Gasoline		
Child Care		
Insurance		
Credit Cards		
Medical Bill may include Doctor and/or Hospital		
Miscellaneous		
TOTAL:		

Insurance Information:

Check one of the following:

_____ Private Insurance: Name of Insurance:_____

Deductible / out of Pocket:_____

Has the deductible been met this calendar year? Yes or No

_____ No Insurance

_____ Medicare. Do you have prescription coverage? Yes or No

_____ Medicaid (if you have a spin-down please list amount $_____)

_____ Cobra ($_____/ per)

Please indicate the financial need for which you are requesting assistance (medical bills, insurance premiums, household expenses, ect.):

- Provide copies of the bills that you are in need of paying. This allows us to provide a more rapid response to your financial assistance.
- **Please note that that the average financial assistance given by the foundation is $1000.00.**
- **The Jennifer Ireland Foundation will pay bills directly.**
- **Patients will be notified through email regarding the decision of their application.**

How did you hear about the Jennifer Ireland foundation?

Tell us about yourself (may include a photo so we can put a "face" to your story)

If you share your story on a website, blog, or Facebook and wish the Jennifer Ireland Foundation to share your link, please provide us with your link.

Do you wish the foundation to share your story on the foundations web site? YES NO
If yes, please sign release of information.

Our Director of Financial Aide will screen each application. Applications will be reviewed and approved or denied by the Board of Directors within a timely fashion upon receipt of complete applications. Again, failure to complete the application in its entirety or provide the required documents will significantly delay processing your application. No grants will be awarded without a completed application and receipt of required documents. A valid email is required for correspondence.

The Jennifer Ireland Foundation

Release of Information

I hereby give The Jennifer Ireland Foundation permission to use my story and photographs taken of me for informational and promotional purposes. I relinquish all rights, title, and interest I may have in the finished pictures and hereby release the Jennifer Ireland foundation of any and all claims or demands for damages of any kind whatsoever arising from the foundations use of said material. I am of legal age and freely sign this release, which I have read and understand.

Name

Signature

Date