



## Application Request for Assistance

TOTAL AMOUNT OF REQUEST \$ \_\_\_\_\_

### **Required information with application:**

- ☐ Completed Application Form
- ☐ Letter from Doctor and/or Social Worker on official letterhead, dated within 1 year of application
- ☐ Current invoices for for all payments, which include mailing addresses and contact information
- ☐ Rental Lease Agreement attached if requesting rental assistance
- ☐ Evidence of financial situation (W2, Taxes etc., block out social security numbers)
- ☐ Evidence of Govt. Assistance vouchers for Section 8 - if applicable
- ☐ SSI letter - if applicable
- ☐ Food Stamp verification letter - if applicable
- ☐ Utilities bill including LIHEAP or USF assistance - if applicable
- ☐ TANF/Welfare assistance evidence
- ☐ Family member and social worker email addresses are **required** to receive a copy of paid invoices
- ☐ Child's photograph - become property of Julia's Butterfly Foundation, Inc. and will not be returned
- ☐ Media release for use on all materials, social media, website, videos and marketing etc.

\*\*\*\*\*We reserve the right to request additional information if deemed necessary\*\*\*\*\*

### **Number of Times Applied/Applying for a grant**

- ☐ 1st Request Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ 2nd Request Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ 3rd Request Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **I. Child Information:**

Patient's First Name: \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ Citizenship: \_\_\_\_\_

Diagnosis #1. \_\_\_\_\_

Diagnosis #2. \_\_\_\_\_

Diagnosis #3. \_\_\_\_\_



**History of child's illness or health condition (you may attach a separate form if necessary):**

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**2. Social Worker Information: Signature:**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Employed with: \_\_\_\_\_ County: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email (required) : \_\_\_\_\_

**3. Hospital Affiliation:**

Hospital Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Hospital Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

**4. Physician's/Social Worker Letter:**

*A letter from the attending physician(s) and/or social worker must accompany the application and include the following information.*

- Name and contact information of physician associated with current care
- Clinical diagnosis
- Candidate age at onset of illness and health condition
- Description/history of child's illness and/or health condition
- Any other relevant information we should know

**5. Family Information:**

**Mother's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email (required) : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employed with: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Signature: \_\_\_\_\_ Do you own rent your home?



**Father's Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email (required) : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employed with: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Salary: \_\_\_\_\_  
Signature: \_\_\_\_\_ Do you own rent your home \_\_\_\_\_

**Sibling Information:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: yes/no  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: yes/no  
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Special Needs: yes/no

**6. Insurance Information:**

Does the patient have medical insurance: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who is the provider: \_\_\_\_\_ State: \_\_\_\_\_  
Type of medical insurance: \_\_\_\_\_  
Does the patient have secondary insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Provider: \_\_\_\_\_ State: \_\_\_\_\_  
Type of medical insurance: \_\_\_\_\_  
Out of pocket medical expenses for the patient in the last year \$: \_\_\_\_\_

**7. Financial Information:**

Annual household income: Total \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ Father \$ \_\_\_\_\_  
Child Support/Alimony income: Yes \_\_\_\_\_ No \_\_\_\_\_ \$: \_\_\_\_\_  
Worker's Compensation: Yes \_\_\_\_\_ No \_\_\_\_\_ \$: \_\_\_\_\_  
Disability or Temporary SSD? Yes \_\_\_\_\_ No \_\_\_\_\_ \$: \_\_\_\_\_  
Veterans Benefits ? Yes \_\_\_\_\_ No \_\_\_\_\_ \$: \_\_\_\_\_  
Unemployment? Yes \_\_\_\_\_ No \_\_\_\_\_ \$: \_\_\_\_\_  
Other sources of income? Yes \_\_\_\_\_ No \_\_\_\_\_ \$: \_\_\_\_\_

**8. Government Assistance:**

Section 8 Housing Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ How much do you receive? \_\_\_\_\_  
Voucher required \_\_\_\_\_ Food Stamps: Yes \_\_\_\_\_ No \_\_\_\_\_ How much do you receive? \_\_\_\_\_  
Verification letter required \_\_\_\_\_ Utility Assistance: LIHEAP assistance Yes \_\_\_\_\_ No \_\_\_\_\_  
USF assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ How much do you receive? \_\_\_\_\_ Utility Bill attached? \_\_\_\_\_  
Social Security Assistance: Yes \_\_\_\_\_ No \_\_\_\_\_ How much do you receive? \_\_\_\_\_  
Letter required \_\_\_\_\_ Temporary Aid to Needy Families/Welfare assistance: Yes \_\_\_\_\_ No \_\_\_\_\_



**9. Description of Request:**

*Please fill in the relevant information for each request below. Julia's Butterfly Foundation, Inc. only sends money directly to the addresses on the invoices for payment, and not directly to the families. If renting, has landlord approved your request for modification to a rented home? \_\_\_\_ Yes \_\_\_\_ No. If renting, you must attach a copy of your rental agreement. Please white out all social security information.*

**Request #1:**

Provide description of request: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Total Amount of request: \_\_\_\_\_ Discounted Price: \_\_\_\_\_

Account Number: \_\_\_\_\_

Has funding been sought from additional sources? Yes \_\_\_\_ No \_\_\_\_ If yes, amount: \$ \_\_\_\_\_

Has funding granted? Yes \_\_\_\_ No \_\_\_\_ Pending \_\_\_\_ From whom? \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If funding is granted, check payable to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_ Email: \_\_\_\_\_

**Request #2:**

Provide description of request: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Total Amount of request: \_\_\_\_\_ Discounted Price: \_\_\_\_\_

Account Number: \_\_\_\_\_

Has funding been sought from additional sources? Yes \_\_\_\_ No \_\_\_\_ If yes, amount: \$ \_\_\_\_\_

Has funding granted? Yes \_\_\_\_ No \_\_\_\_ Pending \_\_\_\_ From whom? \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If funding is granted, check payable to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_ Email: \_\_\_\_\_

**Request #3:**

Provide description of request: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Total Amount of request: \_\_\_\_\_ Discounted Price: \_\_\_\_\_

Account Number: \_\_\_\_\_

Has funding been sought from additional sources? Yes \_\_\_\_ No \_\_\_\_ If yes, amount: \$ \_\_\_\_\_

Has funding granted? Yes \_\_\_\_ No \_\_\_\_ Pending \_\_\_\_ From whom? \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If funding is granted, check payable to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_ Email: \_\_\_\_\_

**X:Additional Information:**

*Please provide any additional information you deem necessary or attach a note.*

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**PLEASE DO NOT SEND ANY DOCUMENTATION CONTAINING SOCIAL SECURITY NUMBERS,  
INCLUDING TAX RETURNS.**

Julia's Butterfly Foundation, Inc. (JBF) is a registered 501 (c ) 3 charitable organization. Julia's Butterfly Foundation, Inc. is comprised of an all volunteer staff and we make every effort to review all applications in a timely manner. We reserve the right to distribute funds at our sole discretion and do not discriminate based on race, color, gender, religion or illness. By signing below, I/ we acknowledge that we have read the guidelines of JBF and agree to the terms. Please note: the foundation does not pay doctor, hospital, or for prescription drugs of any kind and does not make any payments directly to any families, nor do we pay credit card bills.

By signing below, I/We acknowledge that we have read the guidelines of Julia's Butterfly Foundation, Inc. and agree to the terms:

☐ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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**Julia's Butterfly Foundation, Inc.**  
**Media and Photo Release**

Julia's Butterfly Foundation, Inc. strives to create and increase public awareness about the foundation.

The following is taken from a standard photographic release and grants us your permission to use photographs of your child in all of Julia's Butterfly Foundation, Inc.'s marketing and social media outlets. By signing below, I hereby grant permission to Julia's Butterfly Foundation, Inc. to take and use photographs, digital images and/or videos, of my child for use in education and/or promotional materials, brochures, websites, news releases, videos and other electronic communications. This includes permission to copyright and use/re-use, publish/republish the attached photograph of my child, or photographs or pictures in which my child is included, in whole or in part, without restriction as to changes or alterations. I also consent to the use of any printed matter in conjunction therewith. I hereby waive any right that my child or I may have to inspect or approve printed matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release Julia's Butterfly Foundation, Inc. and all persons acting upon its authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof.

I further consent that our names and identities may be revealed by descriptive text or commentary for some projects and I have read the above authorization, release and agreement, prior to its execution and am fully familiar with the contents thereof. I understand that there will be no financial or other remuneration for either the initial or subsequent use of these photos/videos. I understand this authorization shall continue until terminated in writing and my photos will become property of Julia's Butterfly Foundation, Inc.

***I will provide a clear picture of my child before and/or after treatment in a digital format, such as a 300 dpi jpeg, and email the photograph as it's own jpeg document to: [applications@jbf.org](mailto:applications@jbf.org)***

I am of full age and have every right to contract for my child named below in the above regard.

Child's First and Last Name: \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

