

**Christopher's Cure
Hardship Fund
7225 W. Oakland St., Ste. 1
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**Lori Francis
Executive Director**

**Christopher's Cure
Discretionary Fund Application Information Sheet**

The attached Discretionary Fund Application is designed to assist us in determining our ability to provide financial assistance to you. The following information may help you understand how our financial assistance program works.

1. The attached Discretionary Fund application must be completed and submitted to your counselor before financial assistance can be provided.
2. Financial assistance will be provided to the families of patients that demonstrate a financial need (such as loss of income, incurred travel expenses) that is a direct result of a patient's illness.
3. Payments are made directly to the creditor upon verification of amount. Subject to approval, eligible monthly expenses include:
 - Mortgage or Rent (up to \$1000)
 - Transportation (up to \$350)
 - Utilities (\$150)
 - Child Care Facilities (\$200)

Not included for assistance:

Medical Expenses

- Medical Insurance Payments
- Credit Card Payments
- Cable TV
- Clothing

4. This assistance is available on a discretionary basis.

Financial Information

Date: _____

Bank Accounts _____ Balance _____
_____ Balance _____

Residence: Value _____

Mortgage _____ Monthly payment _____

Rent _____ Monthly payment _____

Vehicles: Make/year _____

Other Assets: _____ Amount of payment _____

_____ Amount of payment _____

Obligations: _____ Monthly payment _____ Total _____

_____ Monthly payment _____ Total _____

Total Assistance Amount Requested: \$ _____

How will your child's diagnosis and treatment affect your current income and expenses?

Total monthly income-salary or wages (take home pay) _____

Supplemental income-monthly _____

Other benefits _____

The above completed application is my request for financial assistance. The statements I have made are correct, complete and true. I grant the Christopher's Cure Hardship Fund right to verify the information contained on these pages.

Signature

- Yes, you may contact me for a testimonial on how the Fund has helped me?
- No, Thank You.