

CHARITY FOR CHILDREN, INC.

This information in this sheet will be used to evaluate financial assistance. Please accurately answer all questions. Information is kept confidential. Return completed form along with most recent W-2 form to:

**Charity for Children, P.O. Box 204, Syracuse, New York 13206 (315-802-7323) or you may fax it to attn.: Nina 315-299-8114**

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

Parents  
Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Child's  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of child's primary physician and/or  
specialist: \_\_\_\_\_

What is your primary source of income? \_\_\_\_\_

How many people including you does this income support? \_\_\_\_\_

Does the child participate in the Home and Community Based Services Waiver or the Care at Home Waiver \_\_\_\_\_

If so who is the Case Manager and from what program? \_\_\_\_\_

\_\_\_\_\_

Name of Insurance? \_\_\_\_\_

Do you have a deductible on your coverage?

Do you have a co-pay:? \_\_\_\_\_ If so how much? \_\_\_\_\_

List additional insurance companies if necessary:

Who does the child reside with? \_\_\_\_\_

Do you own your own home? \_\_\_\_\_

Monthly Expenses:

Mortgage/Rent\$ \_\_\_\_\_ Utilities\$ \_\_\_\_\_

Estimate other monthly expenses, not including mortgage/rent or utilities \$ \_\_\_\_\_

Bank Accounts: Name of Institution \_\_\_\_\_

Checking Account \_\_\_\_\_

Savings Account \_\_\_\_\_

Other Accounts: Please list \_\_\_\_\_

Have you ever received any financial assistance from other agencies? If yes please specify.

Are you receiving assistance now from any other agency? \_\_\_\_\_ if yes, please specify. \_\_\_\_\_

What is your most immediate need from Charity for Children?

The information provided is true and accurate to the best of my ability. If any changes occur, I will notify Charity for Children, Inc. Any of the information provided above can be shared by Charity for Children with other agencies that may be able to provide additional services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date