

CARING FOR KIDS  
C/o Gloria Dei Lutheran Church  
355 Camp Street  
Bristol, Connecticut 06010

APPLICATION FOR FUNDS

***TYPE, PRINT OR WRITE LEGIBLY***

**All information received will be treated confidentially.**

1. Legal name of Child for Whom Funds will be used: \_\_\_\_\_
2. Male \_\_\_\_\_ Female \_\_\_\_\_
3. Home Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_
5. Birthplace: \_\_\_\_\_ Date of Birth \_\_\_\_\_
6. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
7. Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_  
Father's Place of Work: \_\_\_\_\_  
Work address \_\_\_\_\_ Work phone: \_\_\_\_\_  
Father's Home Address: \_\_\_\_\_  
(if different from child's) \_\_\_\_\_
8. Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_  
Mother's Place of Work: \_\_\_\_\_  
Work address \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

(if different from child's) \_\_\_\_\_

Mother's Marital Status: \_\_\_\_\_

9. With Whom does Child Live: \_\_\_\_\_

10. School Child Attends: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

11. Names of Brothers and Sisters:

Name	Sex		Age	Dependent on Parents?			Married?	
	M	F		Wholly	Partially	Not at all	Yes	No

12. Religious Affiliation: \_\_\_\_\_

Place of Worship: \_\_\_\_\_

Name of Clergy: \_\_\_\_\_

13. Child's Diagnosis: \_\_\_\_\_

(Use extra pages if necessary)

Child's Primary Care Physician (s): \_\_\_\_\_

(Use extra pages if necessary)

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

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

14. Child's Specialty Physician (s):

(Use extra pages if necessary)

Name \_\_\_\_\_

Specialty: \_\_\_\_\_

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

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

15. Proposed Treatment:  
(Use extra pages if necessary)

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Hospital (s) at which child is being treated (Use extra pages if necessary):

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

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16. Specifically identify special needs associated with child's illness (e.g. travel expenses, transportation, physical therapy, etc.)

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17. Child's Insurance Coverage:

Carrier: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Identification No.: \_\_\_\_\_

Health Insurance Premium: \_\_\_\_\_

Yearly Cap for Medical Coverage: \_\_\_\_\_

Prescription Coverage: \_\_\_\_\_

Deductible Amount: \_\_\_\_\_

Co-Pay for Prescription Coverage: \_\_\_\_\_

Cap for Prescription Coverage per year: \_\_\_\_\_

Co-Pay for Dr.'s Appointments: \_\_\_\_\_

Co-Pay for Specialist's Appointments: \_\_\_\_\_

Co-Pay for Hospitalization: \_\_\_\_\_

18. Is additional insurance coverage available through either parent's employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, have you applied for such coverage?

Yes \_\_\_\_\_ No \_\_\_\_\_

19. Is child eligible for CT Husky Plan coverage?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, have you applied for such coverage?

Yes \_\_\_\_\_ No \_\_\_\_\_

**20. FINANCIAL INFORMATION**

<b>a) Annual Income</b>		<b>Father</b>	<b>Mother</b>
	1) Employment Wages		
	2) Interest/Dividends		
	3) Federal/State/City Benefits		
	4) Other Income ( <i>Specify</i> ):		
<b>b) Assets</b>			
	1) Value of Real Estate ( <i>Address</i> ):		
	2) Savings/Checking Account		
	3) Securities/Mutual Funds/Stocks/Bonds/Annuities, Etc.		
	4) Other Assets ( <i>Specify</i> ):		
<b>b) Liabilities</b>			
	1) Mortgages		
	2) Loans		
	3) Credit Card Debt		
	4) Outstanding Medical Bills		
	5) Other ( <i>Specify</i> ):		

21. Identify grants, aid, funds that you have received or expect to receive to assist you with medical costs or costs incidental to caring for your child:

Grant/Aid/Funds	Amount Sought	Purpose for which funds will be used

22. Identify all fundraising events held or to be held for the benefit of child.

Event	Date	Funds Raised

23. Identify the **amount** sought and **purpose** for which funds will be used.

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\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Applicant's Signature (if more than one)*

\_\_\_\_\_  
*Print/type Applicant's Name*

\_\_\_\_\_  
*Print/type Applicant's Name*

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

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