

Spirit Wings Foundation

Spirit Wings Kids, Inc

Confidential Application For Financial Assistance

Description:

The mission of the Spirit Wings Kids Foundation is to assist children in leading a healthy and happy life; and to provide funding when in need of medical assistance. Spirit Wings Kids Foundation is a non-profit 501(c)(3) tax-exempt organization. Grants of \$1000, \$2000, or \$3000 will be given out and must be paid directly towards a medical bill. The Applicant must be 18 or younger and residing in the United States to be eligible. There are limited grants available. Basis for selection will be determined by financial need, recommendation from outside sources, *and will ultimately be awarded at the discretion of the selection committee.* All information is held in the strictest confidence and is used only by the Spirit Wings Kids Foundation for the purpose of reviewing financial assistance needs.

Personal Information:

Date: _____

Full Name of Child: _____

Date of Birth: _____ Sex: F _____ M _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Address: _____

City: _____ Zip Code: _____

Phone: Home:() _____ Work:() _____

Cell:() _____ Email: _____

Financial Need:

- Parents' Adjusted Gross Income as reported on their most recent federal income tax form _____.
- **Attach copies of your parents' two most recent federal income tax forms (pages 1&2 only).** *Please white out all Social Security numbers.*
- Submit to us **ALL** Medical Bills for the current year.
- Name any other funding towards the medical bill from outside sources _____.
- Type of health insurance _____.

***Please use the section below and no more than one attached sheet of paper to tell your story. Explain your need for funding toward a medical expense. Indicate what your specific circumstances are and how you feel this grant will help you get to where you want to be in the future. (Please include the name and number of any doctor, nurse, or social worker involved in your treatment.)**

***Also attach any letters of recommendation you feel will help further our understanding of your situation.**

Agreement and Signature:

- Please read and sign below after you have carefully reviewed your completed application.
- By signing this application, I confirm that I am solely responsible for the accuracy of all information contained herein.
- I grant permission to the doctors and medical professionals contained herein to discuss with the Spirit Wings Kids Foundation any information regarding my treatment, diagnosis, prognosis, etc. Pursuant to the Health Insurance Portability and Accountability Act of 1996, (Pub. L. 104-191), and its regulations, 45 C.F.R. Sections 160 through 164 (“Health Insurance Portability and Accountability Act”) I authorize any health care provider or entity covered by the Health Insurance Portability and Accountability Act, (including but not limited to any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse) to give, disclose and release to representatives of Spirit Wings Foundation (Spirit Wings Kids, Inc.) without restriction, any and all of my health information and medical records regarding any past, present, or future medical or mental health condition.
- I understand that assistance approvals may sometimes result in general information being released and that my name will never accompany such release.

I understand that grants are made at the discretion of the selection committee and by submitting this application, I am not guaranteed funding.

Applicant’s Signature: _____

Signature of Parent or Guardian: _____.

Please return completed application to:

**Spirit Wings Kids, Inc
2959 E Ridge Place
Neenah, WI 54956**