



Circle of Care
for families of children with cancer

Lifeline Emergency Fund Application

To apply for financial aid from Circle of Care, please complete this Application & Work Sheet and sign where indicated. Your Social Worker can assist you in completing this application and will process it for you. If you need additional help please call 203-663-6893.

Information about the Patient

Patient's name _____
Date of birth _____
Patient's address _____
City State Zip _____
Home phone _____
Home Email _____
U.S. resident? yes no
Gender M F

To be completed by Social Worker, Doctor or Nurse

Date of diagnosis _____
Diagnosis _____
Physician name _____
Treatment Center _____
Phone _____
Is child currently receiving chemotherapy or radiation therapy? _____
Signed _____
Please print name & title _____
Date _____

Information about the Family

Primary contact? Father mother guardian other _____
Parent/Guardian's name _____
Home phone /Business phone _____
Employer _____
Insurance None _____ Medicare _____ Medicaid _____ Private _____
Are prescription drugs covered? yes no
If yes, please describe any limits on the prescription drug coverage _____

Please describe your family's financial situation _____

Type of aid you are seeking _____

Parent/Guardian signature _____ Date _____

Financial Worksheet

Estimated Monthly Family Expenses

Rent/mortgage: _____

Utilities/Phone _____

Childcare: _____

Medical _____

Food _____

Transportation _____

Estimated Monthly Family Income

Salary _____

Unemployment _____

Disability _____

Public assistance _____

Have you received any financial assistance from any organization since your child was diagnosed with cancer? _____

If so, please explain? _____

I verify that all the information I have provided is truthful and complete. I give permission to Circle of Care to speak to my child's Medical Caretakers to verify diagnosis and treatment plan.

Parent/Guardian Signature _____