

Northern Nevada Children's Cancer Foundation  
980 Sandhill Road, Ste. 200, Reno, NV 89521  
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www.nvchildrenscancer.org • info@nvchildrenscancer.org

*Our mission is to enhance the quality of life for children with cancer and their families by providing financial assistance and compassionate support programs while advocating for increased research funds and raising public awareness.*

## APPLICATION FOR ASSISTANCE

*Please fax, email or mail completed copy to address listed above*

### PERSONAL INFORMATION

Patient's Name: \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_ Individuals in household: \_\_\_\_\_ Adults \_\_\_\_\_ Children

Siblings Names & Ages: \_\_\_\_\_

Patient's Interests & Hobbies: \_\_\_\_\_

### MEDICAL INFORMATION

Diagnosed Illness: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Treatment Facility: \_\_\_\_\_ Social Worker's Name: \_\_\_\_\_

### OTHER INFORMATION

How did you hear about NNCCF?: \_\_\_\_\_

Use the space below to describe medical and non-medical expenses that a grant of financial assistance could help alleviate (e.g., utility bills, transportation, etc.). Please list most urgent needs first and attach additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION FOR RELEASE AND USE OF MEDICAL RECORDS AND CONSENT

This Authorization for Release and Use of Medical Records ("Release") and Consent authorizes the release and use of Protected Health Information. The undersigned (the "Releasor") authorizes Northern Nevada Children's Cancer Foundation (NNCCF), a Nevada corporation ("Corporation") to release and utilize the Releasor's medical information as it relates to the Corporation's non-profit activities, and permits authorized NNCCF personnel to speak directly with the child's medical providers and social workers.

The Releasor further consents to the dissemination and use of the child's name, likeness, and recorded voice singularly or in conjunction with other photographs and/or recording by the print, television, and radio media, for the purposes of pediatric cancer awareness and for raising funds to further the goals of NNCCF in providing financial assistance to families of children with cancer.

The Releasor acknowledges that he/she has the right to revoke the authorization at any time and that once the information is released, it may no longer be protected under federal law. The Releasor understands that he/she may revoke this authorization in writing, signed by Releasor. The revocation will only be effective upon receipt by the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date