



"Family, Friends & Community coming together as ONE Serving the Entire Smithtown Community"

## MEDICAL HARDSHIP APPLICATION

Applicant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First)

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Is Patient: Parent/Guardian or Child  
(Circle One)

If patient is a minor:

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last) (First)

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time/place to call: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Last) (First)

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time/place to call: \_\_\_\_\_

Guardian's Name (if applicable, must provide documentation): \_\_\_\_\_  
(Last) (First)

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Best time/place to call: \_\_\_\_\_

Name(s), dates of birth and relationship of other immediate family members/children:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Worker Comments: \_\_\_\_\_

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Are you requesting and/or receiving assistance from another foundation(s)? Please itemize the foundation(s) and be specific as to how they are helping you.

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Has anyone in the past or future fundraised on your behalf, either someone hosting an event or setting up a GoFundMe type of account that accepts donation. Please be specific on what has been done, how much was raised & how much you actually received (& attach any relevant documents/website addresses/social media campaign info):

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Be specific on how we may assist you (attach any relevant documents/fixed household bills):

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Parent Guardian Comments: \_\_\_\_\_

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I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of this foundation's assistance.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Smithtown Children's Foundation, PO BOX 799, Nesconset, NY 11767  
[www.smithtownchildrensfoundation.com](http://www.smithtownchildrensfoundation.com)  
Christine Fitzgerald 516-835-1219 [fitzyBBCF@optonline.net](mailto:fitzyBBCF@optonline.net)