

Love Is Louder Than Cancer Foundation Assistance Application



Love is Louder Than Cancer Foundation, Inc. was founded by a family battling cancer, just like you.

We know what it is like to have one of your family members diagnosed with cancer and the financial and emotional burden on the entire family. Our Foundation donates gift cards to families with one or more immediate family members fighting cancer in an effort to provide emotional and financial support during this time.

REQUIREMENTS FOR ASSISTANCE

The family must have one or more IMMEDIATE* (father, mother, daughter, son) member(s) currently under treatment for cancer. Families may apply for assistance one time only and applications are approved on a first come, first serve basis due to available funds. LILTC Foundation cannot guarantee that every application will be approved, but priority consideration will be given to those with the greatest financial need. *Exceptions may be made for a Grandparent that has legal custody of their grandchild and one or more of them are currently under treatment. **At this time we are working exclusively with patients of UTSW Dallas, UTSW Children's Medical Center and Levine Children's Hospital, you must be an active patient at one of these centers to apply.**

Partial applications cannot be accepted and will be returned. All information is required in order for review and processing. The medical portion of the application must be completed by the treating physician, hospital or designated representative.

Applications must be received by the 10th of the month and are reviewed monthly, with approved applicants notified around the 16th of the month. Applicants are notified via email, so please ensure your email address is written CLEARLY below.

PERSONAL INFORMATION

Name of Applicant (or Parent if child) _____

DOB: _____ Gender: _____ Annual Household Income: _____

Employer: _____ City of Employment: _____ Occupation: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ Since: _____

Current Address *if different than above*: _____

City: _____ State: _____ Zip Code: _____ Since: _____

Are you are residing in a Ronald McDonald House? Yes _____ No _____ If YES list location: _____

Email: _____ Phone: _____ Alternate Phone: _____

Do you own a computer? Yes _____ No _____ If NO, do you have access to a computer? Yes _____ No _____

MEDICAL/DIAGNOSIS

Name of Person Diagnosed *(if different than applicant)*: _____

DOB: _____ Gender: _____ Grade Level (in school): _____

Cancer Diagnosis: _____ Diagnosis Date: _____

Is this your first cancer diagnosis? Yes _____ No _____ If no, please list other diagnosis and dates:

TREATING PHYSICIAN INFORMATION

This portion MUST be complete by the Physician or Hospital and include signature.

Treating Physician: _____ Office Phone: _____

Office Address: _____

Hospital where treated: _____ Hospital Phone: _____

Hospital Address: _____

**** If you were referred by someone in the hospital such as a Clinic/Social Worker, Physician, etc please list below:**

Hospital Referral Contact: _____ Department & Title: _____

Office Telephone: _____ Email: _____

Physician/Representative Signature: _____ Date: _____

GIFT CARD SELECTION

Wallets of Love are customized whenever possible based on the stores that you have best access to. We cannot guarantee your selections, but make every effort to accommodate when possible. Please understand since we are located in Texas we may not have the ability to get gift cards from out of state. It would be helpful to list at least two stores in each category that you have the BEST access to:

Grocery: _____

Pharmacy: _____

Gas: _____

Dining: _____

RELEASE OF INFORMATION

Love is Louder Than Cancer Foundation, Inc. may use, display and publish materials and/or pictures in print and/or online of the program and recipients using the recipient/child's first name only, age and diagnosis. By choosing **AGREE**, this allows us to demonstrate to donors how we are able to impact lives and assists us in gaining additional funding to continue the program going forward to benefit more families.

AGREE

DISAGREE

If you **AGREE**, please email a photo of the applicant and/or family to applications@liltc.org with your story and how Love Is Louder Than Cancer made a difference to you and your family. You may do this at the same time as your application.

Thank you for sharing your story...by doing so you help us inspire others to help and spread love!

By signing this application, you are attesting to the accuracy of the information in its entirety, to the best of your knowledge. Fraudulent applications may result in your institution deemed ineligible for this program and the applicant being personally responsible for the repayment of the value of the package received.

Applicant Signature (if child, parent must sign)

Date