

## Team Adelia Financial Assistance Application

**IMPORTANT:** All applications must be clearly printed and have signatures from treating physicians or care team members to be considered.

Please Mail or E-Mail completed application to:

**teamadelia2011@gmail.com**

**Adelia Dundas Foundation**

**PO Box 334 Austin, MN 55912**

**Questions: [teamadelia2011@gmail.com](mailto:teamadelia2011@gmail.com)**

**Date of Application:**

**Parent/Guardian 1: First Name**

**Last Name**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Parent 1 Email Address:**

**Parent 1 Phone Number:**

**Parent 1 Employment Status:**

**Parent/Guardian 2 (If applicable): First Name**

**Last Name**

**Street Address (if different):**

**City:**

**State:**

**Zip Code:**

**Parent 2 Email Address:**

**Parent 2 Phone Number:**

**Parent 2 Employment Status:**

**Annual Approximate Household Family Income:**

Under \$25,000 \_\_\_\_\_ \$25,000-50,000 \_\_\_\_\_ \$50,000-100,000 \_\_\_\_\_ \$100,000+ \_\_\_\_\_

**Family Information**

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name and Ages of Siblings (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Care Team Information**

**Name of treating hospital:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

**\*Signature of Physician\*** \_\_\_\_\_

*I certify that the child listed above is under my care.*

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name of Social Worker, if applicable:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Have any crowdfunding accounts been created on your behalf? (Ex: GoFundMe, Meal Train)**

Yes \_\_\_\_\_ No \_\_\_\_\_ *Website, if applicable:* \_\_\_\_\_

**How did you hear about our organization?**

\_\_\_\_\_

**If you are chosen to receive financial assistance from the Team Adelia Foundation would you consider sharing your story to help support our mission?**

Yes \_\_\_\_\_ No \_\_\_\_\_ (this will not affect your application status)



## Media Release Form

I hereby give my permission for the Adelia Dundas Foundation and/or its representatives to use photographs, audio or video recordings of my child(ren) or myself and to use our first names, these images or recordings in publications, slides, videotapes, motion pictures or on the internet.

I understand that these visual images and/or audio and video recordings will be used to inform families, volunteers, the media and general public about Team Adelia Foundation's mission, programs, services and events. I gladly give this authorization to support the efforts of Team Adelia Foundation.

I understand that this authorization shall continue until terminated in writing.

**Children's Name(s) (patient and siblings):**

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**Parent/Guardian Signature:**

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**Address:**

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**Date:** \_\_\_\_\_

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**OR:**

*I do not give permission for first names, photographs, and audio or video recordings to be used by the Adelia Dundas Foundation.*

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_