

IAN'S HOPE FOUNDATION

16690 Champion Forest Dr.

PMB 166

SPRING, TX 77379

Phone (281) 257-4486

Fax (281) 257-4486

www.ianshope.org

Application for Assistance

Patient's Full Name (Last, First, Middle)

Patient's Sex (Circle One): Male Female Social Security Number:

Patient's Date of Birth: _____ Patient's Age:

Address

City _____ State _____ Zip

Contact phone _____ Fax # _____ E-Mail

Are you a U.S. Citizen? Circle One: Yes No Household Annual Income:

Family Members: _____

Qualifications for Assistance:

1. Income insufficient to cover expenses without causing hardship.
2. Functional limitations expected over the lifetime of individual
3. Distance from medical facility (Over 100 miles)
4. Letter from Physician on official letterhead stating necessity of said procedure
5. Letter from physician regarding the child's ability to travel by air without compromise of health
6. Foundation will prioritize based on advice from medical professionals (due to the sensitive timing issues of this injury regarding certain procedures, those patients with urgent needs will be considered first)