



# Darian's Gift

## Family Application Form

The purpose of **Darian's Gift-Children's Cancer Resource Foundation** is to provide support to families in treatment for pediatric cancer. This support may come in the form of information resources, financial assistance, physical acts of service or emotional support. **Darian's Gift** serves Oregon's Willamette Valley. It does not discriminate on the basis of sex, race, age, national origin or religious affiliation. All applications will be given equal consideration based on our ability to meet the needs of the family.

Today's Date \_\_\_\_\_

Name of Child w/illness \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Type of Cancer \_\_\_\_\_

Date of Diagnosis \_\_\_/\_\_\_/\_\_\_ Parents Names \_\_\_\_\_

Do parents live in the same home? Y/N If "No", Primary Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Alternate \_\_\_\_\_

Father's Place of Employment/Position \_\_\_\_\_

Mother's Place of Employment/Position \_\_\_\_\_

Childs Interests/Likes \_\_\_\_\_

School Child Attends \_\_\_\_\_ Teacher \_\_\_\_\_

Has any fundraising already occurred? Y/N If "Yes", What types? \_\_\_\_\_

To help us know your family better please include other children here:

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Interests \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Interests \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Interests \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Interests \_\_\_\_\_

Do you belong to a spiritual community? Y/ N If "Yes", Name \_\_\_\_\_

Do you have any websites, blogs, or caringbridge sites for the purpose of updating people on the condition of your child? Y/ N If “Yes”, Please list:

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Briefly describe your child’s current medical condition and treatment:

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Primary Treatment Center \_\_\_\_\_ Physician \_\_\_\_\_

Do you have medical insurance? Y/ N Are you 60 days behind on any bills? Y /N

Describe any home or auto repair needs: \_\_\_\_\_

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What are your most urgent financial needs, i.e. groceries, gas, childcare, utilities? Amounts?

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Please provide any information you feel **Darian's Gift** should consider concerning your needs:

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By signing below,

I understand that **Darian's Gift** may or may not provide assistance based on Darian's Gift financial position, previous commitments and assessment of application by the **Darian's Gift** Board of Directors and Application Committee.

### Notice of Confidentiality

ALL information provided to **Darian's Gift** is private and confidential. No information will be released without applicant’s approval. Please check appropriate box(es) and sign below.

- Applicant agrees to allow **Darian's Gift** to use applicant’s information, images and/or voice.
- Applicant agrees to allow community publications (i.e. newspapers, radio stations, magazines) to take photos and/or participate in possible interviews regarding **Darian's Gift** activities or events.
- Applicant agrees to allow **Darian's Gift** to use images and information on foundation website and social media sites.
- Applicant denies release of confidentiality. Do not release any applicant information.

I/We certify that the information provided to Darian's Gift is accurate and complete.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent(s) Signature Date