



November 2023

11270 W. Park Place Ave.
Milwaukee, WI 53224

Eligibility Requirements for Financial Assistance

To be eligible for financial assistance you must:

- Have a child (under the age of 18) with a diagnosis of cancer confirmed by an oncology health care provider
- The child must be in active treatment for the cancer, scheduled to begin treatment; or being monitored by an oncologist.
- Be a U.S. citizen or permanent resident of the U.S. for 12 months prior to diagnosis (unless under 1 year old). The child must live in the Midwest unless otherwise approved by the Board of Directors.
- Submit a completed application with supporting documentation. Please:
 - Print clearly or type – illegible applications cannot be processed
 - Fill in all information

Please note the following information/documentation may be needed if your application is accepted. A board member will reach out if it is needed:

- Physician or Hospital Social Worker Signature/Attestation on Physician or Hospital letterhead to confirm diagnosis

Award Details

- Is dependent on the funds available for distribution from Paintings for Pediatrics Inc
- Form of payment from Paintings for Pediatrics: Check and/or Gift Card
- Length of award period = 1 Year
- Eligibility to reapply after award period

Anti-Discrimination Policy:

You and your child will not be discriminated against or denied assistance because of your race, religion, color, national origin, gender or political affiliation. All financial applications will be reviewed on a quarterly (or case-by-case) basis and final determination will be made based upon your eligibility, Paintings for Pediatrics guidelines and the availability of funds.



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Application for Financial Support

Please PRINT in black or dark blue ink and complete ALL sections accurately and completely.

Cancer Warrior (Child/Patient) Information

Patient Name (first, middle, last) Male Female

Ethnicity: African American Asian White Hispanic/Latino Opt-Out Other (explain):

Date of Birth: Birthplace (state/country):

Patient's Address:

City/State/Zip Code:

Please consider sending a photograph of your child with the application (include name and birth date)

Parent/Guardian Information

Parent/Legal Guardian's name(s):

Primary Phone #: () Landline Cell

Secondary Phone #: () Landline Cell

Email address(es):

Is address same as patient? Yes No If no, address:

City/State/Zip Code:

Additional Information

How did you hear about Paintings for Pediatrics:

Do you have a GoFundMe, CaringBridge and/or Facebook page, please share links so we can learn more about your child and family:



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Medical Information

Type of cancer (medical diagnosis):

Date of diagnosis:

Does patient have health insurance? Yes No

If yes, please indicate what type of insurance (check all that apply):

Private

Medicaid

Medicare

Other

Does insurance provide reimbursement for transportation or lodging expenses? Yes No

Current or Post Treatment Plan (chemotherapy, radiation, etc):

Where does treatment take place (list city, state and/or name of treatment facility):

How has income been impacted by cancer diagnosis? (check all that apply)

Treatment Related Expenses (meals away from home, prescriptions, etc)

Transportation and/or Lodging

Mortgage/Rent

Utilities

Child Care

Health Insurance Premiums/COBRA

Car Expenses

Medical debt related to this diagnosis.

Other – Please Explain:

Assistance Requested

IF FINANCIAL SUPPORT IS PROVIDED BY PAINTINGS FOR PEDIATRICS, INC

Please describe how this assistance will help your family.



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Furthering Our Cause to Provide Financial Support to Other Pediatric Cancer Patients

Please "Like" us and follow us on Facebook [Paintings for Pediatrics | Facebook](#)

Can Paintings for Pediatrics email updates to you regarding upcoming events and happenings? Yes No

If yes, please provide email address(es):

Is your child, and/or members of your family (siblings, parents, etc) able/willing to provide a painting for our annual auction? Yes No

If yes, Paintings for Pediatrics will provide the necessary canvases, paint, and brushes.

Please consider sending a photograph of your child with the application (include name and birth date) – if photo is included, do you consent to having it published on our Facebook page or other media for the sole intent of raising more funding? Yes No

Authorization and Signature(s)

By filling out this application and signing below, if you are selected to receive funding, you grant Paintings for Pediatrics, Inc the right to publish your child's story and/or pictures and paintings to assist in our fundraising efforts. I (We) provide our child's health information voluntarily for the purposes of being considered for financial support of any value to be determined solely by the Board of Directors of Paintings for Pediatrics, Inc. I (We) acknowledge that all medical information provided is given freely on my (our) behalf and is not subject to HIPAA regulations.

Dated this day:

Signature of Legal Parent/Guardian:

Relationship to Child:

Signature of Legal Parent/Guardian:

Relationship to Child: