



### **Application for Assistance**

In addition to the application form, please include the following information with your request:

- ✓ Two reference letters from either social workers or physicians
- ✓ Applicant's photo (in color)
- ✓ Applicant's Birth Certificate

Please answer all questions. If you are unsure of an answer, please put N/A and we will follow up with you if specific information is needed. Request form must be notarized. Fax or scanned/emailed applications will not be accepted.

### **Applicant's Information:**

Full Name:

Mailing Address:

County:

Phone Number:

Cell Number(s):

Employer/Location (if child please put parents):

Weekly Income (after Taxes) (If child please put parents):

Total Household Income:

Nickname:

D.O.B.:

Height:

Weight:

SS#:

US Citizen: yes / no

Disabilities/ Disease/ Diagnosed Medical condition/Situation that is the cause for you to request aid from Dance to Inspire Foundation:

Insurance Company:

Policy #:

Insurance Company Phone Number:

Physician Name:

Address:

Phone #:

Date Last Seen by this Physician:

Date Last Hospitalized:

Hospital:

Hospitalized for:

(If more than one physician has been seen in regards to condition requiring our assistance, please include the same information requested above for other physicians on an attached piece of paper.)

**Favorite things:**

Food(s):

Vacation spot:

Sport:

Sports Figure(s):

Game/Video game and system:

Movie(s):

Song/Band(s):

Book/Genre of Books:

Sports Teams:

Hobbies/Activities:

Holiday:

**Release and Statement of Confidentiality:**

In consideration for the receipt of any assistance that the Dance to Inspire Foundation may provide to the applicant herein, applicant agrees to release the Dance to Inspire Foundation and hold it harmless from any loss, liability, damage, cost or expense arising out of any claim or suites which may be brought or made which in any manner relates to the assistance provided to the applicant as a result of this application. Dance to Inspire Foundation agrees to keep confidential all information, data, and files on any nature provided to it as a result of applicant's request for assistance from the Dance to Inspire Foundation. Dance to Inspire Foundation agrees not to disclose any such written consent from the application herein, except when and if the Dance to Inspire Foundation is required by a Court of competent jurisdiction to release such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If applicant is a minor Parent/ Legal Guardian's Signature is required)

I hereby give permission to the Dance to Inspire Foundation to use and permit others to use the name and likeness of applicant and other biographical information pertaining to the applicant in order to promote the charitable purpose of the Dance to Inspire Foundation in whatever manner the Board of Directors deem appropriate. Such authorization shall include but not limited to use in the Dance to Inspire website, public awareness campaigns, advertisements, and solicitation to the public.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If applicant is a minor Parent/ Legal Guardian's Signature is required)

**Notary:**

On \_\_\_\_\_, the above named person(s) appeared before me personally with proper ID and I hereby Notarize the signatures.

Notary Signature \_\_\_\_\_

Commission expires on \_\_\_\_\_

Please mail the original, notarized application to:

Dance to Inspire Foundation

627 Mantoloking Rd.

Brick, NJ 08723