

# First Hand Foundation Application

Please submit the following document for each pediatric funding candidate. The applicant or caretaker must complete this information in full before the committee will review the case. Please be sure to include all additional documents listed on the Application Submittal Checklist. All information submitted is confidential.

Questions? Please contact:

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## **Candidate Information**

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Citizenship \_\_\_\_\_

## **Family Information**

Mother's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Occupation \_\_\_\_\_ Citizenship \_\_\_\_\_

Father's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Occupation \_\_\_\_\_ Citizenship \_\_\_\_\_

Number in family \_\_\_\_\_ Primary caretaker of the candidate \_\_\_\_\_

Annual household income \$ \_\_\_\_\_ Type of health insurance coverage \_\_\_\_\_

Out-of-pocket medical expenses in the last year for candidate \$ \_\_\_\_\_

## **Clinical Information**

Name of physician associated with current care \_\_\_\_\_

Clinical diagnosis \_\_\_\_\_ Candidate age at onset of illness \_\_\_\_\_

Description/history of child's illness or health condition \_\_\_\_\_

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**Equipment Request**

Type of equipment \_\_\_\_\_ Estimated life of equipment \_\_\_\_\_ Cost of equipment \$ \_\_\_\_\_

Will provider participate with First Hand through a discount? \_\_\_\_\_ Is used equipment an option? \_\_\_\_\_

If funding is granted, who will receive payment? Name \_\_\_\_\_

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

*\*If displacement funding is provided, the receipts must be provided to First Hand verifying how the funding has been utilized.*

**Displacement Request-Travel**

Purpose of travel \_\_\_\_\_

Transportation between which cities \_\_\_\_\_

Method of transportation (please fill in the appropriate information):

Plane

Number of individuals \_\_\_\_\_ Number of roundtrips \_\_\_\_\_ Cost per adult \$ \_\_\_\_\_ Cost per child \$ \_\_\_\_\_

Car

Number of roundtrips \_\_\_\_\_ Estimated roundtrip mileage \_\_\_\_\_

Train

Number of individuals \_\_\_\_\_ Number of roundtrips \_\_\_\_\_ Cost per adult \$ \_\_\_\_\_ Cost per child \$ \_\_\_\_\_

Public Transportation

Type of transportation \_\_\_\_\_ Number of individuals \_\_\_\_\_ Number of roundtrips \_\_\_\_\_ Cost per trip \$ \_\_\_\_\_

If funding is granted, who will receive payment? Name \_\_\_\_\_

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

**Displacement Request-Food**

Number of Individuals \_\_\_\_\_ Number of days needed \_\_\_\_\_ Number of meals per day \_\_\_\_\_

Does hospital provide meal assistance or vouchers? \_\_\_\_\_

If funding is granted, who will receive payment? Name \_\_\_\_\_

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

**Displacement Request-Lodging**

Number of Individuals \_\_\_\_\_ Number of nights \_\_\_\_\_ Type of Lodging \_\_\_\_\_

Cost per night \$ \_\_\_\_\_ Is charitable housing an option? \_\_\_\_\_

If funding is granted, who will receive payment? Name \_\_\_\_\_

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