

# The Jordan Light Foundation, Inc. Application

506 Bucks Br • Martin, Ky • 41649

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"FAMILIES HELPING FAMILIES WITH A MEDICAL CRISIS  
THRU THE LOVE OF JESUS CHRIST"

## **Submittal Checklist** \*An application is NOT considered complete without the following items.

- Completed application form
- Letter for Release of Testimonial/Photos and Personal Information
- Release of Personal Protected Health Information Form
- Income/Expense Form
- Letters (on official Letterhead) from affiliated doctor(s) or most current medical records from social worker.
- Evidence of the family's financial situation *\*Most recent Tax Return maybe Required\**
- Letter of denial from insurance or Medicaid, if applicable
- Child's photo *\*This is NOT a requirement and please note that the pictures will NOT be returned*

## **Candidate Information**

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

## **Family Information**

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

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

Occupation \_\_\_\_\_

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

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

Occupation \_\_\_\_\_

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

E-mail address \_\_\_\_\_

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

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

## **Basic Request Information**

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

Clinical Diagnosis \_\_\_\_\_ Candidate Age at onset of illness \_\_\_\_\_

Description of request \_\_\_\_\_

History of child's illness or health condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total amount requested from The Jordan Light Foundation \$ \_\_\_\_\_

Has funding been sought from additional sources including fundraising? \_\_\_\_\_

If funding has been received, from whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

How did you hear about The Jordan Light Foundation? \_\_\_\_\_

Are you directly or indirectly related to any board member? \_\_\_\_\_ If so, with whom and relationship? \_\_\_\_\_

## **Physician Letter** \*Please include the following in the letter from the associated Doctor(s)

- Name and contact information of physician associated with current care
- Clinical diagnosis
- Candidate age at onset of illness or health condition
- Description/history of child's illness or health condition
- Other relevant information

Please fill in appropriate information related to your request below. **It is only necessary to fill in the relevant categories.** The application will first be reviewed by the Admissions Committee prior to final approval of application and established needs.

**\*The Jordan Light Foundation, Inc. reserves the right to distribute funds in its sole discretion.**



INCOME:	EXPENSES:
Wages:	House Payment:
Government assistance:	Rent:
Child support:	Electric and/or Gas:
Rental income:	Water:
Food stamps:	Garbage:
WIC:	Phone:
Other income:	Cable/TV:
	Internet:
	Credit Card/s: Minimum Payment
	Fuel Expense (monthly)
	Groceries (Avg. Monthly)
	Other:

CURRENT SAVINGS: \_\_\_\_\_

CURRENT CHECKING: \_\_\_\_\_

All information provided on this application is accurate to the best of my knowledge and subject to the verification by The Jordan Light Foundation, Inc. I understand that I must truthfully answer all the questions of the application. I also understand that if I do not, the above said beneficiary will be denied support from the foundation.

\_\_\_\_\_  
Applicant/Guardian/Authorized Authority

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

*"Our mission is to provide awareness, support and funding for families with a medical crisis."*

*The Jordan Light Foundation, Inc. is committed to fostering an inclusive environment where the individual differences among us, whether in terms of race, religion, color, age, gender, national origin, sexual orientation, physical challenge, or marital or family status, are (i) understood, respected and appreciated, (ii) recognized as a source of strength for the organization and (iii) valued as qualities that enrich the environment in which we work.*