Application for Financial Assistance from Heart of a Dinosaur

📞 **Contact:** 325-668-9849 ✉️ **Email:** contact@heartofadinosaur.org 🌐 **Website:** heartofadinosaur.org

Applicant Information (Parent/Guardian)

Parent Name:______________________________ Relationship of person applying for Child: __________

Parent Name: ______________________________ Phone Number: _______________________________

Best way for ***Heart of a Dinosaur*** to contact you: ____

Email Address: ____

Home Address: ____

Child's Information

Child's Full Name: ____

Date of Birth: __ __ / __ __ / __ __ __ __ Gender: Male Female Prefer not to say

Share a little about your child's story:

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Diagnosis / Medical Condition: ____

Treating Hospital or Doctor Name: ____

Eligibility Requirements: Applicant child must be under 17 years old at the time of application. Child must have a current, documented cardiac diagnosis verified by a treating physician or hospital.This application is valid for 12 months from the date of approval. Reapplication is allowed only after 1 year following either an approved or denied application.

Heart of a Dinosaur
Ezekiel 36:26

Please attach these required documents when submitting your application:

- Letter from the treating physician or diagnosis summary confirming cardiac condition
- Child's Birth Certificate

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Applicant Acknowledgment & Terms

☐ I confirm that the child applicant is under 17 years of age.
☐ I confirm that the child has a current, documented cardiac diagnosis.
☐ I understand this application is valid for 12 months from approval date.
☐ I understand that reapplication is only permitted after 1 year from the date of this application, regardless of approval or denial.
☐ I acknowledge that ***Heart of a Dinosaur*** reserves the right to deny applications that do not meet eligibility or other criteria.
☐ I authorize ***Heart of a Dinosaur*** to use my child's photo, first name, age, diagnosis, and story for the purpose of promoting awareness and fundraising through:

- Our website
- Social media accounts (e.g., Facebook, Instagram)
- Newsletters or printed material

☐ I understand that this information will only be used with respect and sensitivity and that I may withdraw this consent in writing at any time.
☐ I do NOT authorize ***Heart of a Dinosaur*** to use or share my child's photo or story.
☐ I understand that submission of this application does not guarantee approval of financial assistance.
☐ I acknowledge that ***Heart of a Dinosaur*** reserves the right to deny or decline any application that does not meet the organization's eligibility criteria, funding capacity, or mission focus.
☐ I understand that all decisions made by ***Heart of a Dinosaur*** regarding applications are final and made at the organization's sole discretion.

HIPAA Authorization for Release of Medical Information

☐ *I hereby authorize the release of relevant medical information to* ***Heart of a Dinosaur****, solely for the purpose of verifying my child's medical condition and treatment costs related to this application for financial assistance. This information may include diagnosis, dates of service, treating physician's notes, and itemized medical bills.*

- *I understand that this authorization is voluntary.*
- *I may revoke this authorization at any time in writing, except to the extent action has already been taken.*
- *This authorization remains in effect for 12 months or until the financial assistance process is complete*

I, ________________________________, certify that all information provided is true and accurate to the best of my knowledge. I understand that this application is for financial assistance and does not guarantee approval. I authorize ***Heart of a Dinosaur*** and its representatives to contact and communicate with the medical providers listed in this application to verify medical information related to the child's diagnosis, treatment, and estimated costs.

________________________________   ________________________________
Printed Name of Applicant   Signature of Applicant

____
Date

Would your family be willing to give our organization feedback, and help tell others how Heart of a Dinosaur helped your family? YES NO

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