



Support Request Application Form

Mission Statement: It is the mission of Patrick's Pals Foundation to give children with multiple disabilities the opportunity to flourish in their individualized way. More info found at www.patricks-pals.com

Application Date: _____ Applicant's Name: _____

Applicant's Phone: _____ Relationship to Child In Need: _____

Applicant's Address: _____

Applicant's Email: _____ Primary Language: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Address (if different from Applicant's): _____

Have you been referred to Patrick's Pals by a person or organization? YES / NO

If yes, please indicate the referral source: _____

Description of Item or Service Requested: _____

Cost of Item or Service Requested: _____

(IMPORTANT: Vendor or DME quotes MUST be attached for application to be considered)

Describe the benefit this Item or service will provide:

Primary Insurance Co. name: _____

Secondary Insurance Co. name: _____

Is this item covered by insurance? _____ **If No, a copy of insurance denial is required.**

If partially covered by insurance, indicate expected insurance payment and attach EOB : _____

Please provide total household income: _____ (Salaries, Tips, Wages, SSI, etc.)

Please attach copy of front page of latest Federal Tax Return indicating total AGI. SS# should be blacked out.

Please list the name and amount of any government sponsored financial assistance or subsidies you or the child currently receive:

Allow 4 weeks for application review and response. Email application form and questions to request.application@patricks-pals.com.

Mail address is **Patrick's Pals, PO Box 942, Whitehouse Station, NJ 08889**

Please attach a picture of the child / applicant. We may use this picture in promotion material / website to help with fundraising