



CONTRACTORS FOR KIDS
1316 MOTOR PARKWAY, ISLANDIA, NEW YORK 11749
1-888-208-KIDS

"We Will Be There"

www.ContractorsForKids.org

The following documents are required in order for your application to be considered by the Board of Directors for Contractors For Kids.

- A completed application including medical proxy authorization form signed in the presence of a Notary Public.
A letter from the family, explaining the financial situation and why you are requesting financial assistance.
A letter from the child's Dr., stating the child's diagnosis and any circumstances that might support your financial need.
1st two pages of personal Tax Return and Schedule A Itemized deductions (line 40 on page 2) of both parents / guardians.
Last two pay stubs or proof of income of both parents / guardians.
Copy of child's birth certificate or guardianship papers.
Copies of the bills you are requesting assistance with.
Are you currently receiving any state or federal aid? Yes / No, If so, please provide document paperwork.

\*\*\*\*More information may be requested\*\*\*\*

The above paperwork may be mailed, faxed or emailed to Contractors For Kids

Mail: 1316 Motor Parkway, Islandia, NY 11749

Fax: 631-617-5153

Email: CFK@ContractorsForKids.org

Child's Name: Gender: M / F D.O.B: Age:

Diagnosis: Age Diagnosed:

Primary Care Physician Name: PCP Phone: ( )

Contact information:

Parent / Guardian (1) Name: Parent/Guardian (2) Name:

Address (where child resides): City: State: Zip:

Home Phone #: ( ) Cell Phone #: ( ) Alt #: ( )

Email Address:

How did you hear about Contractors For Kids:

As a result of my child's illness, we have encountered difficulties in meeting our expenses and are seeking assistance for the following bills:

Blank lines for listing bills.

For Official Use:

Date Rec'd Reviewed by:

Date response was given Amount of Gift



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**Personal Financial Statement:**

Number of adults in household (18+): \_\_\_\_\_ Number of dependents (under 18): \_\_\_\_\_

Life Insurance Policy for Child Yes / No If so, Type of Policy: \_\_\_\_\_

Annual Gross Salary of Parent/Guardian (1): \$ \_\_\_\_\_

Annual Gross Salary of Parent/Guardian (2): \$ \_\_\_\_\_

Total Income from State and Federal Aid: \$ \_\_\_\_\_

Additional Income: child support, etc \$ \_\_\_\_\_

**Assets:**

Checking Balance: \$ \_\_\_\_\_ Savings Balance: \$ \_\_\_\_\_ Certificates of Deposit (CD's) Balance: \$ \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_ Retirement Funds: \_\_\_\_\_ Personal Residence Value \_\_\_\_\_

Rental Income: \_\_\_\_\_ Total Assets: \_\_\_\_\_

**Liabilities:**

Credit Card Debt: Total Owed \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Car Loans: Total Owed \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Rent Payment: Total Owed \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Mortgage Balance: Total Owed \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Home Equity Balance: Total Owed \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Outstanding Debts/ Personal loans Total Owed \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

**Assistance:**

Assistance from other charities/fundraisers Yes / No If Yes, date received \_\_\_\_\_ Amount \$ \_\_\_\_\_

X \_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Name Printed

Must be signed in the presence of a Notary Public

State of New York

County \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_,

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged that he/she is the parent/legal guardian of the named child and this document is a true representation.

\_\_\_\_\_  
Notary Public



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## **AGENT PROXY AUTHORIZATION MEDICAL INFORMATION**

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Please be advised that I have designated Debbie O'Rourke, Dr. Roy Horowitz, Carole Tate and Joe Coonan of **CONTRACTORS FOR KIDS, INC. (CFK)** a New York not for profit corporation and charitable organization under **IRS 501 (c)(3)**, to represent, advise and assist **the undersigned** \_\_\_\_\_  
(Parent/Legal Guardian Name) in my application to CFK for financial assistance due to the medical condition of my child.

This proxy shall take effect immediately without any further authorization or notice to me to facilitate my application.

*My agent(s) herein named shall also have the authority to execute any and all releases and authorizations, and to request, communicate and or to disclose and related medical information and patient records of the undersigned in the same manner as the designated individual(s) involved with my care and as may be the subject of or required by the Health Insurance Portability and Accountability Act (HIPAA).*

Please share all pertinent information of the undersigned related to medical information and records, insurance coverage and appeals with them in order to expedite representation. If additional information is required, please contact any of the above designates at 631-617-5152 (Fax No. 631-617-5153) or write or email them at [CFK@ContractorsForKids.Org](mailto:CFK@ContractorsForKids.Org) or at **CONTRACTORS FOR KIDS, INC.** located at 1316 Motor Parkway, Islandia, New York, 11749.

Child Full Legal Name: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_