HeartStone Foundation Applicant's Financial Information

Our mission is to provide financial assistance to those with major medical conditions so they may concentrate on healing.

The HeartStone Foundation keeps this application private other than sharing the information with the board.

We will only share your need, your story on our website for fundraising efforts.

Completing this application provides no guarantee that your application will receive funds from HeartStone Foundation.

INSTRUCTIONS

The following information MUST ALL be included with your application. Missing information will delay application processing as well as disbursement of funds.

If you have any questions or need assistance please call us: 513.334.7434

- ❑ 1) Medical condition and why the money is needed: _____

  _____
- ❑ 2) When the money will be needed: _____
- ❑ 3) You have applied for financial aid with each provider.
  If you have not, please do so before contacting the HeartStone Foundation.
- ❑ 4) Please include your medical bills AND number them in the order you need them paid.
  (Please Note: The HeartStone Foundation will not disperse funds directly to the individual in need and the foundation does not guarantee that funds provided will pay bills in full.)
- ❑ 5) Two References: page 4 and 5. A reference can include employer/boss, co-workers, or church members. References will fill out pages 4 and 5, they should indicate how they know you, and why they think you need our support. Heartstone may contact references. ***Do not include yourself or family members as references***.
- ❑ 6) Completed the HIPAA Release form: page 6
  This form allows us to speak to your medical provider and negotiate on your behalf.
- ❑ 7) Include your IRS Form 1040 (personal return) for the prior year.
- ❑ 8) Include a financial statement for the prior year.
- ❑ 9) Any other information you feel HeartStone needs to know.

www.HeartStoneFoundation.org
Email: HeartStoneFoundation@gmail.com • 513.334.7434 • Fax: 877.269.8415

Applicant's Name: _____ DOB: _____ Social Security #: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate contact in case we cannot reach you:

Name: _____ Relationship: _____ Phone: _____

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Widowed

Dependant Children: _____ Age: _____

Dependant Children: _____ Age: _____

Dependant Children: _____ Age: _____

Dependant Children: _____ Age: _____

Medical coverage, if any (name of provider, whether employer or personal): _____

Monthly cost of health care: _____

Employer Name: _____ Position: _____

Employer Address: _____

Amount of take-home pay $: _____ per week, bi-weekly, semi-monthly or monthly

Spouse's Employer Name: _____ Position: _____

Employer Address: _____

Amount of take-home pay $_____ per week, bi-weekly, semi-monthly or monthly

Other income:

Social Security	$ _____	Alimony/child support	$ _____
Disability	$ _____	Pension	$ _____
Workers Compensation	$ _____	Interest & dividends	$ _____
Unemployment	$ _____	Rental property	$ _____

Assets:

Personal residence: ❑ Rent ❑ Own — Value $_____ Mortgage balance $_____

Vehicles: make, model and year _____ Loan balance_____

Additional vehicles: _____

Retirement accounts in value $_____

Cash and savings balances: _____

Jewelry, art, coins, etc.: _____

Debt: Monthly mortgage payment $_____

Home equity loan $_____ and monthly payment $_____

Rent expense, if any $_____

Monthly vehicle payment or lease $_____

Credit card: Balance $_____ Monthly payment $_____

Credit card: Balance $_____ Monthly payment $_____

Education loans $_____

Medical bills $_____

Other loans $_____

By signing below, I state that all information included herein is truthful and complete.

Signed: _____ Date: _____/_____/_____

This application is valid for 12 months at which time you would need to reapply.

Please email, fax, or mail your application to: HeartStone Foundation...

Email: HeartStoneFoundation@gmail.com • **Fax:** 877-269-8415

Mailing Address: HeartStone Foundation • 3442 Alta Vista Avenue • Cincinnati, OH 45211

Questions or concerns? Please contact us at - 513.334.7434

REFERENCE #1

Reference must fill out this page. A reference can include employer/boss, co-workers, or church members. Reference should indicate how they know you and why they think you need our support. Please note: HeartStone may contact references. ***Do not include yourself or family members as reference.***

If you have any questions or need assistance please call us: 513.389.1335

Reference Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to applicant: _____

*Comments: _____

REFERENCE #2

Reference must fill out this page. A reference can include employer/boss, co-workers, or church members. Reference should indicate how they know you and why they think you need our support. Please note: HeartStone may contact references. ***Do not include yourself or family members as reference.***

If you have any questions or need assistance please call us: 513.389.1335

Reference Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to applicant: _____

*Comments: _____

Medical Information Release Form

(HIPAA Release Form)

This form allows us to speak to your medical provider and negotiate on your behalf.

Name: _____ Date of Birth: _____

Phone: _____

Alternate contact in case we cannot reach you:

Name: _____ Relationship: _____

Phone: _____

Release of Information

I authorize the release of information including the diagnosis, treatments, records, bills, and claims information.

This information may be released to a representative of the HeartStone Foundation.

This Release of Information will remain in effect until terminated by me in writing.

Signed: _____ Date: _____/_____/_____

Authorization to Share My Story

Release Form

Sharing the stories of those we help enable us to reach more people to impact. We would greatly appreciate it if you would be willing to share but it's not required if you aren't comfortable. Please know that if you do choose to share no financial or doctor information will be shared. We will only use your first name and what your medical challenges are, how we helped you, and the difference we made in your healing journey.

I hereby authorize the HeartStone Foundation to share my story and photo (if provided) on the HeartStone Website, newsletter, or other marketing materials and will remain in effect until terminated by me in writing.

Name: _____

Phone: _____

Signed: _____ Date: _____/_____/_____