



Building Hope For Long Island Foundation

20 Peachtree Court, Suite 103-L, Holbrook, NY 11741
631-617-5167

www.buildinghopeforlongislandfoundation.org

The following documents are required in order for your application to be considered by the Board of Directors for Building Hope for Long Island Foundation

- ┌ 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 assistance.
- ┌ A letter from the Dr. stating the 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 residents.
- ┌ Last two pay stubs or proof of income.
- ┌ Copy of birth certificate.
- ┌ 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 Building Hope for LI
Mail: 20 Peachtree Court, Suite 103-L, Holbrook, NY 11741

Fax: 631-617-5153

Email: buildinghopeforli@gmail.com

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 : _____ City: _____ State: _____ Zip: _____

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

Email Address: _____ How did you hear about Building Hope for Long Island: _____

As a result of illness, we have encountered difficulties in meeting our expenses and are seeing assistance with the following:

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 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 _____
Signature

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

Please be advised that I have designated Debbie O'Rourke, Anthony Fragoletti, Dorothy Schlosser and Alicia DeBlasio of **Building Hope For Long Island Foundation (BHFLIF)** a New York not for profit corporation and charitable organization under IRS 501 (c)(3), to represent, advise and assist the undersigned _____ (Name) in my application to BHFLIF for financial assistance.

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 631-617-5167 (Fax No. 631-617-5153) or write or email them at BuildinghopeForLI@gmail.com or at Building Hope For Long Island Foundation located at 20 Peachtree Court, Suite 103-L, Holbrook, NY 11741.

Full Legal Name: _____

Parent or Legal Guardian: _____

Date: _____