



Katie Herb Foundation Grant Application

For:

The Katie Herb Foundation will also provide financial assistance to families that have a child diagnosed with a congenital heart defect. These grants are to help families with the unexpected and uncovered costs associated with the medical needs of a child with a congenital heart defect. Families will be required to complete an application which will be processed on a monthly basis or sooner if possible. Grant levels will be determined by the applicant's request and grants will be awarded based on a brief phone interview by a Katie Herb Foundation Board member, need and available Foundation funding.

PATIENT AND FAMILY INFORMATION

Parents or Guardian Name:				Home phone:	
Street Address:				Cell phone:	
City:		State:	Zip:	Email:	
Patient's Name:	DOB	M	Patient's Doctor:	Dr. or Dept phone:	
		F			
Diagnosis/Treatment:				Referred to KHF by: <input type="checkbox"/> Children's Heart Group <input type="checkbox"/> Another Family <input type="checkbox"/> KHF Website <input type="checkbox"/> Other _____	
Reason for request: <i>(Please provide brief summary. Feel free to attach separate narrative, call us or provide copies of any additional documents)</i>					

FINANCIAL INFORMATION

***Please attach most recent 1040 or 1040A.

List amount from line 37 of 1040 (line 21 of 1040A)	\$
A) List current monthly income from working	\$
B) List any other sources of monthly income (child support, social security, retirement, disability, etc.)	
	\$
	\$
	\$
	\$
Total Household Monthly Income (add A and B)	\$
Total number of people residing in home	
As of today, what is your (and spouse's) total current balance of cash, savings and checking accounts?	\$

Grant area (check all that apply)

Amount

<input type="checkbox"/> Travel	<input type="checkbox"/> Lodging	<input type="checkbox"/> \$ 1000
<input type="checkbox"/> Uncovered medical expenses	<input type="checkbox"/> Food & other living expenses	<input type="checkbox"/> \$ 2500
<input type="checkbox"/> Loss of income		<input type="checkbox"/> \$ 5000
<input type="checkbox"/> Other _____		<input type="checkbox"/> other _____

Required Signature

I certify that all information submitted in the application process—including the application, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented.

Signature of Parent or Guardian

Date

Return application to:

The Katie Herb Foundation, Inc.
233 Walton Street
Lemoyne, PA 17043
717-712-0942
katieherbfoundaiton@yahoo.com