



ADULT ASSISTANCE APPLICATION FORM

Managed by the Victoria Ciara Foundation

The Victoria Ciara Foundation offers two types of assistance to adults who are impacted by congenital heart disease (CHD).

- Financial Assistance is available to individuals who are impacted by congenital heart disease (CHD).
- Wellness Assistance is available to individuals who are impacted by congenital heart disease (CHD). Assistance of this type may be in the form of a gift card for a massage, linkages to resources, access to webinars & zoom sessions, connections to others who are traveling the CHD journey, etc.

Applicants who wish to receive either type of assistance must complete this application and be willing to speak with the Victoria Ciara Foundation (VCF) to determine the best way that we can be of assistance. Applicants will be notified via email or phone if assistance is granted within 30 days of the telephone conversation with VCF. Recipients must agree to use the funds for the purpose indicated in their application. If it is determined that there was misuse of funds, the recipient must return the funds (total amount) to VCF within 30 days and will become ineligible for future assistance.

Name: _____

Email: _____ Cell Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Gender: _____ Hospital/Provider's Name: _____

CHD Diagnosis: _____

Have you had any surgeries or other interventions? If yes, please list them. _____

ASSISTANCE ASSESSMENT INFORMATION AND SIGNATURE

1. What is your greatest need (select the top five please).

- | | |
|--|--|
| <input type="checkbox"/> Medical Bills | <input type="checkbox"/> Gas to get to medical appointments or hospital |
| <input type="checkbox"/> Tolls to get to medical appointment or hospital | <input type="checkbox"/> Meals while at the hospital |
| <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Opportunities to learn from other people with CHD |
| <input type="checkbox"/> Household Bills (electricity, rent, mortgage) | <input type="checkbox"/> Medical equipment |
| <input type="checkbox"/> Medication costs | <input type="checkbox"/> Groceries |

- Resources for CHD families/individuals Education about CHD
- Someone to talk to about your CHD experience Dental Care
- Opportunities to learn from other parents of a child with CHD
- Other: Please describe: _____

MEDIA RELEASE

Part of our mission is to increase awareness of CHD, especially for adults who are often underserved. If you are willing to have your photo and story featured on our social media sites and website, please complete this release and email your photo and story to us at: director@victoriaciarafound.org.

(I) _____, give the Victoria Ciara Foundation permission to use my photo (s) and CHD story for awareness and promotional purposes only. I understand that I may revoke this permission at any time through a written request to the director of the Victoria Ciara Foundation.

Name: _____ Date: _____

Signature: _____

MANDATORY RELEASE OF INFORMATION FOR RESOURCES AND ASSISTANCE:

I _____, give the Victoria Ciara Foundation permission to share general information about the needs I have listed on this form with resource representatives that may be of assistance. Shared information will include a summary of the needs I disclosed without using any names or contact information. The Victoria Ciara Foundation will never include personal information to a third party without my written consent. If a resource is identified, the director of the Victoria Ciara Foundation will provide the resource’s contact information to me. I _____, understand that the Victoria Ciara Foundation will require a phone call interview to assess the best way that the Foundation can be of assistance. I also understand that I may be asked to verify information included in this application.

Name: _____ Date: _____

Signature: _____

How did you hear about the Victoria Ciara Foundation?

Would you be interested in hearing about a scholarship for college, trade school, or career certification?

Circle One: Yes No

How many individuals live in your home? List the ages and names of adults and children please.

Please Email this form to: director@victoriaciarafound.org or mail to: Victoria Ciara Foundation
P.O. Box 137
Alloway, NJ 08001