



ASSISTANCE INFORMATION FORM 2026

Managed by the Victoria Ciara Foundation

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

- Financial Assistance is available to individuals and/or families who are impacted by congenital heart disease (CHD).
- Wellness Assistance is available to individuals and/or families 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 events, 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 a conversation with VCF. Recipients must agree to use the funds for the purpose indicated in their application. If it is determined that there was a misuse of funds, the recipient must return the funds (total amount) to VCF within 30 days and will become ineligible for future assistance.

Name: _____

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

Email Address: _____ Cell Phone: _____

Date of Birth: _____ Have you had any recent surgeries/procedures: Yes No

Gender: _____ Hospital/Provider's Name: _____

CHD Diagnosis: _____

Please list the names and ages of those living in your household(children and adults). _____

Please indicate your household income for the current year: (This is for grant related information only. Household income not considered during the Wellness Assistance Application process.)

__Below \$40,000 __Between \$40,001 to \$75,000 __Between \$75,001 to \$125,000 __\$125,001 or more

ASSISTANCE ASSESSMENT INFORMATION

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

- Medical Bills
- Gas to get to medical appointments or hospital
- Tolls to get to medical appointment or hospital
- Meals while at the hospital
- Stress Reduction
- Opportunities to learn from other people with CHD
- Household Bills (electricity, rent, mortgage)
- Medical equipment
- Medication costs
- Groceries
- Resources for CHD families/individuals
- Education about CHD
- Someone to talk to about your CHD experience
- Dental Care costs
- Opportunities to learn from other CHD parents
- Other: _____

MEDIA RELEASES:

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: _____

Please Note: the Media Release is optional.

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?

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