



CHILD/FAMILY ASSISTANCE INFORMATION FORM

Managed by the Victoria Ciara Foundation

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

- Financial Assistance is available to families who are impacted by congenital heart disease (CHD). Assistance of this type may be in the form of grocery store gift cards, hospital cafeteria vouchers, pharmacy gift cards, etc.
- Wellness Assistance is available to 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 have CHD, etc.

Applicants who wish to receive either type of assistance must complete this application and be willing to speak with the director of the Victoria Ciara Foundation (VCF) to determine the best way that we can be of assistance. Applicants will be notified if assistance is granted within 30 days of the telephone conversation with VCF. An award letter will be mailed or emailed. Recipients must agree to use the funds for the purpose indicated in their award letter. 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. Individuals and families can receive only one round of financial assistance per 12 months.

Name of Parent/Guardian: _____

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

Email Address: _____ Cell Phone: _____

Child's Name: _____ Child's Date of Birth: _____

CHD Diagnosis: _____

Doctor or Hospital where child receives care: _____

Please list the names, ages, and relationship (partner, son, daughter, grandparent, etc) of everyone living in your household:

How did you hear about the Victoria Ciara Foundation: _____

PRIORITIES

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
- Opportunities to learn from other parents of a child with CHD
- Other: Please describe: _____

MANDATORY SIGNATURE

I _____, attest that all information in the application is true and that if awarded Financial Assistance or Wellness Assistance with any monetary value, I will use the funds according to the purpose described in my award letter. I will also keep the identification of and any information on other VCF recipients confidential at all times.

Signature: _____

Name: _____ Date: _____

Signature: _____

MEDIA RELEASES

Part of our mission is to raise awareness of CHD and the challenges that CHD families face every day. Please consider sharing your child's photo and story with us and we will post it on our social media sites and website. Email photos and a summary of your journey to Director@victoriaciarafound.org

I _____, give the Victoria Ciara Foundation permission to use my child _____'s photo 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: _____

NOTE: VCF works to increase awareness of CHD and would only share first names.

RELEASE OF INFORMATION FOR RESOURCES- THIS SECTION MUST BE COMPLETED AND SIGNED

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.

Signature: _____ Date: _____

Submission Release

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: _____

Submission Information

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

“Enhancing the Lives of Those Impacted by Congenital Heart Disease”

Questions about our Assistance Services may be directed to Arianne Hegeman, Executive Director of VCF at director@victoriaciarafound.org. To learn more about VCF, visit www.victoriaciarafound.org.