



- Offering assistance for the transition home from the hospital
 - Helping with medical costs
 - Allocating adaptive equipment
- Providing a safe space to connect with those who understand and live your reality

At a time when you may feel like your world is crashing in on you, Jade's Helpful Heart Foundation will serve as a guiding light. While there may be many difficult todays and tomorrows, you are not alone in your journey.

CHILD'S INFORMATION

Child's Name: _____

Birth Date: _____ Gender: _____

Primary Diagnosis: _____

Additional Diagnoses: _____

PARENT/GUARDIAN INFORMATION

Primary Guardian(s): _____

Relationship to child: _____

Primary address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

What can we help with? (Select all that apply)

Transition home from the hospital (home organization, navigating insurance)

Medical costs (medication, hospital bill, etc)

Family resources

Adaptive equipment

Home modification

Please provide us further details about how we can help.

How did you hear about us?

Disclaimer/Affirmation and Consent

Parent/Guardian Signature

Printed Name