



## **JAGGER'S JOURNEY FOUNDATION ASSISTANCE APPLICATION**

Dear Applicant,

Thank you for your interest in the Jagger's Journey Foundation Patient Assistance Program. Jagger's Journey is a 501©(3) charitable organization whose mission is to financially assist deserving families of patient's battling Aplastic Anemia or other RARE related disorders.

**The criteria for the grant are as follows:**

- \*Child is receiving treatment within the oncology/hematology/BMT department
- \*Child is 18 years of age or younger
- \*Financial disbursement from the foundation will not exceed \$500 per occurrence with the exception of "Operation Jagger Claus"
- \*Only completed applications will be considered; a complete application includes the application form and all necessary bills to be paid.
- \*All bills must be in the patient's/ patient's guardian's name
- \*Payments will be made directly to company/creditor that is owed. Applicants MUST supply copies of the bill with payment address and phone number.
- \*Jagger's Journey will assist all eligible patients in need of financial assistance on a first come, first serve as funds remain available.

Name of person completing this application \_\_\_\_\_

Relationship to patient \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Child's diagnosis \_\_\_\_\_

Date of initial diagnosis \_\_\_\_\_ Relapse date (if applicable) \_\_\_\_\_

Guardian 1 \_\_\_\_\_ relationship to patient \_\_\_\_\_

Guardian 2 \_\_\_\_\_ relationship to patient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address \_\_\_\_\_

How many members are living in the household? \_\_\_\_\_

Please list their names & ages:

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Patient Website (CaringBridge-Blog-Facebook-Insta-etc.) Please provide username/handle

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Where is your child being treated? \_\_\_\_\_

Approximately how far is the treatment site from where you live? \_\_\_\_\_

If you travel for treatment, where do you reside during your stay? \_\_\_\_\_

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**Specify which area you are requesting assistance and the amount.**

\_\_\_\_ Housing                      Amount \$ \_\_\_\_\_

\_\_\_\_ Utilities                      Amount \$ \_\_\_\_\_

\_\_\_\_ Car Payment                      Amount \$ \_\_\_\_\_

\_\_\_\_ Christmas                      “Operation Jagger Claus” fulfills a wish list up to \$250 per child listed on assistance application. Acceptance into the “Operation Jagger Claus” sponsorship program is based on the availability of funds.

\_\_\_\_ Other (please explain)                      Amount \$ \_\_\_\_\_

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**Payment Information**

To make a timely payment to your creditor, we need the following details

Check payable to: \_\_\_\_\_

Account number: \_\_\_\_\_

Creditor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Creditor Phone: \_\_\_\_\_

**\*Please attach account statement. We cannot process your request without this document.\***

**Family Income**

Current Income: \$ \_\_\_\_\_ monthly \$ \_\_\_\_\_ annually

Family income sources (please check all that apply)

\_\_\_\_ Salary \_\_\_\_ SSI \_\_\_\_ Child Support \_\_\_\_ Other

Guardian 1 Employer \_\_\_\_\_

\_\_\_\_ On PAID leave \_\_\_\_ On UN-PAID leave \_\_\_\_ Quit job \_\_\_\_ Reduced hours \_\_\_\_ Other

Guardian 2 Employer \_\_\_\_\_

\_\_\_\_ On PAID leave \_\_\_\_ On UN-PAID leave \_\_\_\_ Quit job \_\_\_\_ Reduced hours \_\_\_\_ Other

(if other, please explain)

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How did you hear about Jagger's Journey Foundation?

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Have you previously received assistance from Jagger's Journey Foundation? \_\_\_\_yes \_\_\_\_no

If yes, when? \_\_\_\_\_

Have you and/or your family received help from other organizations? \_\_\_\_yes \_\_\_\_no

If yes, include the organization name(s) \_\_\_\_\_

### **Acknowledgement**

Can Jagger's Journey contact you to help share **your** story and raise awareness for our cause to further help children and families in need? \_\_\_\_ yes \_\_\_\_no

***\*I understand that by signing this application, I hereby release the rights of this information to be used by the Jagger's Journey Foundation at any time they deem it helpful to use in their efforts to raise more funds and awareness for children and families battling aplastic anemia and other RARE related disorders. I understand that my story may be shared via social media and a number of different formats with the public, including written, video, audio, and photographic.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

