



PO BOX # 7584 CUMBERLAND, RI, 02864  
WWW.NATHANSANGELS.COM

## FINANCIAL APPLICATION

### PATIENT INFORMATION:

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX:        FEMALE        MALE

### PARENT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**MEDICAL INFORMATION:**

DIAGNOSIS: \_\_\_\_\_

DATE OF DIAGNOSIS: \_\_\_\_\_

IS YOUR CHILD IN ACTIVE TREATMENT: \_\_\_\_\_

WHAT TYPE OF TREATMENT:

- CHEMOTHERAPY                      SURGERY                      STEM CELL TRANSPLANT
- BONE MARROW TRANSPLANT    RADIATION                      OTHER:

WHAT IS THE ANTICIPATED LENGTH OF TREATMENT: \_\_\_\_\_

WHERE IS THE PATIENT BEING TREATED: \_\_\_\_\_

ONCOLOGIST/SOCIAL WORKER

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF HEALTHCARE PROVIDER

DATE

WHO LIVES IN THE HOME? NAMES AND AGES  
SIBINGS    PARENTS    GRANDPARENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# PHOTO RELEASE FORM

I grant to Nathan's Angels Memorial Foundation its representatives and employees the right to use photographs of my child in connection with the above-identified subject. I authorize Nathan's Angels Memorial Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Nathan's Angels Memorial Foundation may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

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

\*\*\*Please submit a photo of your child\*\*\*

## IMPORTANT INFORMATION

All applications must be complete to be reviewed.

Child must live in and/or surrounding communities of Rhode Island

Child must be under the age of 18

Child must be diagnosed with a critical cancer diagnosis and in active treatment

All donations are based on financial need and availability of funds

Please submit completed application by:

**Email:**

[info@nathansangels.com](mailto:info@nathansangels.com)

**Mail:**

Nathan's Angels

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