APPLICATION FORM

Thank you for contacting The Little Fighters Charitable Trust. It is our mission to provide support to children (or parents of children/young people) that have been diagnosed with a life threatening illness. Taking a few moments to complete this form will help us assess how best to provide support.

SECTION 1: APPLICANT CONTACT INFORMATION

Applicant first name.....
Applicant last name.....
Ethnicity.....
Relationship to patient.....
Home phone .....
Cell phone.....
Email.....
Address.....
.....
.....

Preferred method of contact:
☐ Email ☐ Cell phone ☐ Home phone
☐ Other (please specify) .....

SECTION 2: PATIENT INFORMATION

Frist name.....
Last name.....
Age.....
Ethnicity.....
Diagnosis.....
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Medical diagnosis paperwork attached:
☐ Yes ☐ No
If no please specify .....
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Is the patient entitled to any insurance benefits?
☐ Yes ☐ No
If yes please specify.....
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General patient/family background.....
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SECTION 3: FAMILY INFORMATION

Number of adults in the immediate family.....
Number of dependents in the immediate family .....

Do you have support available from family friends?
☐ No ☐ Yes.....
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.....

Have you/your family done any fund raising to date?
☐ No ☐ Yes If yes, please specify:
Type of fund raising .....
Amount raised to date.....
Donations in kind .....
Total target fund raising amount.....
.....

Would you/your family support Little Fighters in utilising media to attract attention to these or other such future fund raising efforts to the benefit of the patient applicant?

☐ No ☐ Yes

SECTION 4: ASSISTANCE INFORMATION

Generally, how do you think the trust might best be able to help?

☐ Emotional support from people who have been through similar situations.

☐ Financial help with things like petrol and accommodation costs to access medical treatments outside of Taranaki.

☐ Financial help with things like prepared meals for the family home, and general home related assistance.

☐ Financial help to make the patient more comfortable, to create a special family memory (e.g. photo shoot) or to grant a special wish.

Do you have specific needs for support from the Trust?

☐ Yes ☐ No

If yes, please specify.....

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SECTION 5: REFERRAL SERVICE OPTIONS

Are any of the following service options of interest to you for Little Fighters to arrange on your behalf?

☐ Councillor ☐ Dietitian

☐ Young People (grief & loss peer support) ☐ Seasons Taranaki (for children)

☐ Cancer Society ☐ Other, please specify:

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Seasons Taranaki - for children and Young People - Grief and loss peer support programme

SECTION 6: CONFIRMATION

I confirm this application to be true and correct:

Name.....

Date .....

Signed .....

RETURN INFORMATION

Once completed, please return this completed form to:

Email support@littlefighterstrust.co.nz

All decisions in regard to applications are made by Little Fighters Trust and are full and final. No correspondence will be entered into.