

Application for Assistance From the Kans for Kids Fighting Cancer Foundation

This application **must be completed by the parent** or legal guardian of a child who meets the following requirements:

1. Child must currently be receiving treatment for cancer.
2. Child must be 18 years of age or younger.
3. Child and his/her parents must be legal residents of Barton, Ellsworth, Pawnee, Rice, Rush, Russel, or Stafford County in Central KS.
4. Application must be signed by the child's **oncologist and parents**.
5. Both the applicant's signature and the oncologist's signature **must be notarized**.
6. This **original application** must be returned to Kans for Kids within 30 days of receipt.

1. Child's full name _____
2. Child's date of birth _____
3. Is the child a legal resident of Barton, Ellsworth, Pawnee, Rice, Rush, Russell, or Stafford County, KS? _____
4. Name of person filling out application _____
Relationship to child _____
Date child was diagnosed with cancer _____
5. Type of cancer _____
6. Parent's Name(s) _____
Address _____
Phone number(s) landline _____
Cell phone number(s) _____
E-mail address _____
7. Has a medical expense fund been established at a bank for the child? _____
 - a. If yes, name and address of bank _____
 - b. Name of account _____
 - c. If no, Kans for Kids requires that a fund be established in the child's name. May Kans for Kids set up a fund for you? _____
 - d. Bank Preference _____
8. Are the parents employed?
Father _____
Name, address and phone number of employer(s) _____

Mother _____
Name, address and phone number of employer(s) _____

Name, address and phone number of someone who can give information about the child to Kans for Kids if the parents are not available _____
9. Name, address and phone number of **oncologist** _____
 - a. Name _____
 - b. Address _____
 - c. Phone number _____

By submitting this application, I acknowledge and declare that the information contained herein, including the oncologist's verification, is true and correct to the best of my knowledge. If any information provided in this application is later found to be false and/or intentionally misleading, then the applicant will forfeit all eligibility for funding from Kans for Kids and may be required to reimburse Kans for Kids for all funding previously paid to the applicant in addition to reimbursement of any and all costs associated with the collection of said funding, including but not limited to all reasonable attorney fees and expenses. The applicant specifically acknowledges that should Kans for Kids approve this application, it in no way creates any sort of contractual legal obligation between Kans for Kids Fighting Cancer Foundation, Inc. and the applicant. Any funding and any terms or conditions associated with the disbursement of the funding shall be made at the sole discretion of Kans for Kids and the applicant agrees to comply with any terms and conditions as may be required to receive said funding.

.....

SIGNATURE OF APPLICANT _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 202__.

NOTARY PUBLIC

Application for Assistance from the Kans for Kids Fighting Cancer Foundation

TO THE PHYSICIAN:

Your signature indicates that the child named on this application is currently under your care and is currently receiving treatment for the type of cancer indicated above. This does not include pre-cancerous conditions.

SIGNATURE OF PHYSICIAN

SUBSCRIBED AND SWORN to before me this _____ day of _____, 202__.

NOTARY PUBLIC

_____(date)

This application must be returned within 30 days

Send the completed forms to:

The Kans for Kids Fighting Cancer Foundation

P.O. Box 178

Hoisington, KS 67544

620-653-2210 or 785-252-6707

kans4kids@ruraltel.net - www.kans4kids.org

A self-addressed; stamped envelope is enclosed for your convenience.

MEDIA RELEASE

I hereby give my permission for Kans for Kids Fighting Cancer Foundation to use my child's name, photo(s), and information about the type of cancer he/she has in promotional and media material for Kans for Kids. This material may include, but is not limited to: brochures, posters, news (both printed, radio, television and social media) and on the Kans for Kids website www.kansforkids.org

Signature of
Parent _____

Date _____

To help us better know the children Kans for Kids assists, we ask that you please fill out the following information about your child and return with your application.

Child's name: _____

I am: _____ years old

My t-shirt size: _____

My sisters names, ages and t-shirt sizes: _____

My brothers names, ages and t-shirt sizes: _____

My parent(s) t-shirt sizes are: _____

Please tell us a little about you (Ex: favorite things to do or play with, school, music, movies, sports team, food/restaurant, etc.) -

If there's anything else you'd like us to know about your child, please use this space for that information.
