

Clara B. Farlow Foundation for Children

**Application for Benefits**

This application is for payment of medical expenses for children and teens under age 18. Children may fill out the application which will need to be signed by parent or guardian. If you have questions or would like help completing this form, phone 336-786-8936. We'll be happy to help you.

Please print in black or blue ink. Do not use pencil.

**List a parent or guardian who will receive follow-up information.**

1. FIRST NAME MIDDLE INITIAL LAST NAME

2. ADDRESS WHERE YOU LIVE STREET CITY STATE ZIP CODE

3. MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE

4. TELEPHONE NUMBERS:

HOME ( ) \_\_\_\_\_  
WORK ( ) \_\_\_\_\_  
OTHER ( ) \_\_\_\_\_

5. Do you have trouble speaking, reading, or writing English? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES," what language or alternative format do you need? \_\_\_\_\_

6. Do you need an interpreter? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES," what language do you speak? \_\_\_\_\_

7. Please give the name of the child under age 18 who has a serious physical and/or mental illness.

Name of child: \_\_\_\_\_ Age of Child \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Briefly describe the serious physical and/or mental illness for child named above.

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

Name and phone number of the child's physician and/or medical service provider(s):

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

# General Information

8. List all family members living together. (If needed, attach a separate sheet of paper.)

Name (FIRST, MIDDLE, LAST)	SEX	RELATION TO YOU	BIRTH DATE	PLACE OF BIRTH	US CITIZEN	
					YES	NO
Parent Or Guardian:						
Spouse:						

If any child is NOT a citizen, answer the following:  
 Date child arrived in U.S. \_\_\_\_\_  
 Does child have a sponsor? YES \_\_\_\_\_ NO \_\_\_\_\_

List Other Adults In the Household:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Is any child under age 18, in your household, disabled? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "YES," who? \_\_\_\_\_ Age \_\_\_\_\_ Disability \_\_\_\_\_

## Expenses

10. Does parent/guardian pay for childcare when employed: YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "YES," how much do you pay each month? \$ \_\_\_\_\_.
11. Does parent/guardian pay someone to care for a disabled dependent adult when employed?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES," how much do you pay each month? \$ \_\_\_\_\_
12. Does parent/guardian pay court ordered child support for a child not living in your home?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If YES," how much do you pay each month? \$ \_\_\_\_\_

# Income

Parent/Guardian Employer Name and Telephone Number:

Employer Name and Telephone Number of Parent/Guardian completing this application:

13. Income this parent/guardian received in the last 30 days before taxes and other withholding:  
(Please provide a copy of last four paycheck stubs).

\$ \_\_\_\_\_.

Employer Name and Telephone Number of Other Parent /Guardian Living in Same Household:

14. Income received by other parent/guardian in the last 30 days before taxes and other withholding:  
(Please provide a copy of last four paycheck stubs).

\$ \_\_\_\_\_.

15. Monthly Child Support Received: \$ \_\_\_\_\_.

16. Monthly Alimony Received: \$ \_\_\_\_\_.

17. Monthly Social Security Payments Received: \$ \_\_\_\_\_.

18. Monthly Unemployment Benefits Received: \$ \_\_\_\_\_.

19. Monthly Military Allotments Received: \$ \_\_\_\_\_.

20. Other Monthly Income Received: \$ \_\_\_\_\_.

21. Do you need help paying medical bills for any child in the household? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES," how much are these outstanding medical bills? \$ \_\_\_\_\_.

If "YES" please provide copy of medical bills.

22. Does any child in the household have health insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES," provide the following:

Name of Insurance Company

Policy Number

Name of Child

Please provide copy of insurance card(s)

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

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

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

Declaration and Signature: I have read and understand the questions in this application. I declare, under penalty of perjury, that the information I have given is true, complete, and correct to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

