



Urgent Financial Assistance Application

Step 1: Applicant Info	
Today's Date:	Patient DOB:
Name (Parent & Child):	
Address/City/State & Zip:	
Email Address:	
Cell Phone Number:	
Social Worker or Doctor's Name	
Social Worker or Doctor's Email:	
Social Worker or Doctor's Direct Phone Number & Ext :	

Step 2: Hardship Letter
<p>(Please attach or write below a short hardship letter describing the circumstances, the need for financial assistance, and be sure to include the specified amount requested)</p>

Step 3: Verification Letter
<p>(Your CF social worker needs to personally email us a written verification letter on the hospital's letterhead validating the medically related need.)</p>

Office Use Only:	
Approved / Date of Acceptance:	Declined / Date & Reason:
Approved by:	Pictures Sent
Amount Approved: \$	Testimonial on FB
Check # or CC #:	