



## Application for a Gift from Gabby

Gabby's Gift aims to provide families with a child fighting a cancer diagnosis with some financial relief. This on-time gift can be financial assistance for household expenses, provide travel assistance, or provide an item for the child that the parents can't afford due to treatment costs.

(Application to be completed by a parent or legal guardian- please print or type.)

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

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child's Facebook or Caring Bridge Page: \_\_\_\_\_

Please select what type of gift you are asking for:

\_\_\_ Request for Financial Assistance: (Copies of bills will need to be provided)

\_\_\_ Request for Travel Expense: (Support will be in the form of gas gift cards)

\_\_\_ Request for an Item: (Please specify the item your child wants/needs) \_\_\_\_\_

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

\_\_\_\_\_  
Date



## **Application for a Gift from Gabby**

**The objective of a gift from Gabby is to help provide a gift (item) that cannot financially be given due to financial hardship, an item the child needs that is not covered by insurance, or financial assistance.**

### **Medical Information**

**(To be completed by a medical professional or social worker)**

**Child's Diagnosis:** \_\_\_\_\_

**Date of Diagnosis:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Please describe the child's medical condition and anticipated hospital stay:**

\_\_\_\_\_  
**Name and Title ( please print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social worker's email address**

\*all information collected will be used by The Get Well Gabby Foundation to determine eligibility as well as to promote the recipient of the gift, this is not limited to but does include photos.