



For families who have children with  
NBIA (INAD or PKAN)

Mail or fax to Hope's Hope  
1053 Sunset Meadows Drive | Apex, NC 27523  
Tel. (919) 303-0182 Fax (919) 573-9538  
website: [www.hopes-hope.org](http://www.hopes-hope.org) email: [director@hopes-hope.org](mailto:director@hopes-hope.org)

PLEASE PRINT CLEARLY

## Financial Assistance Application

Date: \_\_\_\_\_ Family's e-mail: \_\_\_\_\_

Child's Name : \_\_\_\_\_  
First Last

Child's Medical Diagnosis: \_\_\_\_\_

Child's birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month /Day /Year Male or Female

Parent/Guardian name(s) & relationship: \_\_\_\_\_

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

Parent/Guardian Phone: \_\_\_\_\_  
home phone include area code Work phone include area code & ext.

Amount or Item Requested: \_\_\_\_\_

Has this family received a grant from a similar organization?  Yes  No

I am requesting a one-time gift.  
Maximum of three (3) requests per year.

I am requesting on-going support. If checked, please state intended length: \_\_\_\_\_  
Funds permitting, candidates are eligible for on-going support for up to 3 years.

Is this an urgent request?  Yes  No If yes, date required: \_\_\_\_\_

Send grant/item to:  Address above  Other (include below)

For third party request: \_\_\_\_\_  
Name Phone relationship to child

Remarks: If additional space is needed, please attach sheet(s). \_\_\_\_\_

Signature: \_\_\_\_\_

**Privacy Statement:** Hope's Hope understands its responsibility to keep personal and health information confidential in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Out of respect for the child, we accept requests from parents/guardians and health care professionals.

Note: If additional information is required from Hope's Hope, a representative will contact you.