



The Piggyback Foundation

Carrying Families Through Times of Need Since 2007

Eligibility Requirements:

1. Applicant must have a life-threatening illness and be a member of a family with children attending school (22 years old and under) and reside with in the greater Norwalk, Ohio area and surrounding communities.
2. Applicant must provide the signed **Medical Information Form** from his/her treating physician.
3. Applicant must provide the signed **Authorization to Release Information Form**.
4. Applicant must provide the signed **Medical Record Release and Authorization Form**.
5. Recipients may receive funds up to one year at the discretion of the board.
6. Applications will not be review until all documents are complete. The board reviews applications monthly.

Patient's Name _____

Birthdate _____ Application Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail _____

Emergency Contact _____

Emergency Contact Phone Number _____

Referring Physician _____

Hospital _____

Diagnosis _____

Date of Diagnosis _____

Family Information:

Parents/Guardians or Spouse _____

Children/Siblings (please include birthdates (mm/dd/yy):

Child: _____ Bd _____ M F

Child: _____ Bd _____ M F

Child: _____ Bd _____ M F

Child: _____ Bd _____ M F

Child: _____ Bd _____ M F

Child: _____ Bd _____ M F

Please List other organizations that are providing services for your family and the type of service provided:

To help us serve you better please complete the following:
(Include approx. dates for events, activities, sports, trips and lessons)

1. Family Counts provides funding for family fun events such as birthday parties, dinner out, movies, sporting events, amusement parks, museums, date nights and help with holidays:

2. Education Counts provides funding for school fees, school supplies, class trips, graduation needs, tutoring, computers:

3. Activities Count provides funding for extracurricular activities such as sports, dance, theatre, music lessons, camps, traveling team, recreational center fees, clothing and gear:

4. Faith Counts provides prayers when requested, connections to church or pastoral guidance, funds for family meals during hospital visits:

5. Emergency Fund provides funds for gas, hospital visits, and travel expenses:

6. Additional Comments or needs:

1. I have attached all **signed** forms: Application, Medical Information, Authorization to Release Information and Medical Record Release and Authorization Form .
2. I understand that my application cannot be processed until I have completed all documentation and submitted it to The Piggyback Foundation, P.O. Box 436, Norwalk, Ohio 44857.
3. By signing below, I attest that the information provided is accurate to the best of my knowledge. I understand that the procedures for disbursement of funds do not include cash. These funds will be distributed directly to the facilities involved.
4. I understand that all funding is gifted and the amount of funding / duration of funding period is at the discretion of the board.
5. Information given on the application may be shared by the board with necessary persons, companies and organizations in order to fulfill the needs requested.

Applicant's Signature _____ Date _____
(If minor, Parent /Guardian signature required)

Foundation Representative _____ Date _____

Mail your completed application to:

The Piggyback Foundation, P.O. Box 436, Norwalk, Ohio 44857