



The Piggyback Foundation

Carrying Families through Times of Need

The Piggyback Foundation provides assistance to help meet the challenges children and those who love and care for them face when confronted with a serious illness.

Eligibility Requirements...

1. Applicant must provide a letter from his/her treating physician on that physician's official letterhead documenting the type of illness diagnosed, the treatment prescribed, and a statement that the applicant is currently undergoing treatment.
2. Recipients may only receive funds once per year, but if the treatment extends beyond one year from the date of approval by The Piggyback Foundation, or if the treatment becomes necessary at a later date, the recipient may reapply at that time. To reapply, applicants need to submit a letter from his/her treating physician stating that treatment is still in progress or has started again.

Patient's Name _____ Bd _____ Application Date _____

Parents/Guardians (if minor) or Spouse _____

Mailing Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Referring Physician _____ Hospital _____

Diagnosis _____ Date of Diagnosis _____

Family Information: Parents/Guardians _____

Children and Birthdates: _____

Please list other agencies that are providing services for your family and the type of services provided:

I have attached a written document from my treating physician on his/her letterhead stating the type of illness diagnosed, the treatment prescribed and that the applicant is currently under treatment.

I understand that my application cannot be processed until I have completed all documentation and submitted it to The Piggyback Foundation at P.O. Box 436, Norwalk, Ohio 44857.

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 are distributed directly to the facilities involved.

Patient's Signature (if minor Parent/Guardian) _____ Date _____

Foundation Representative _____ Date _____

To help us serve you better, please complete the form on back...

Please mark below how you would like The Piggyback Foundation to help your family, keeping in mind our programs. If you have any questions please call 419-577-1932.

Family Counts...

It is important for families to have the opportunity to attend family oriented activities that help strengthen their bond, provide stress relief and make memorable moments. The Piggyback Foundation provides funding to families, at a time when finances are limited, to make memorable moments happen.

Dinner and Movie Night Going to ball games, parks or other amusement places Birthday Parties
 Salon service at Christian Roberts Salon and Day Spa Family Meals During Hospital Stays or Surgeries
 Anniversary/date dinner at Mill Street Bistro

Other _____

Education Counts...

The emotional stress and isolation sometimes felt by children, when attention has been directed to the ill family member, may cause them to fall behind in school. It is important to work with parents, teachers and schools to help meet the academic needs of the children of families supported by The Piggyback Foundation. Education Counts helps parents connect with tutors for children that need academic help during this difficult time.

Tutoring Homework Help School Supplies Teacher/Home/School Liason

Other _____

Kids Count...

The difficult decision to discontinue extracurricular activities due to increased medical bills can be devastating to a child's emotional, physical and social well being. It is important to maintain a sense of normalcy during times of illness. Kids Count works with the family to help maintain the extracurricular activities by providing necessities for children in the program. Extracurricular activities reduce stress and build self-esteem.

Pay for lessons or activities Provide necessary gear or clothing

Please list activites and cost _____

Faith Counts...

The Piggyback Foundation believes that through God all things are possible. If desired, we will support the family in prayer and faith development.

Be added to prayer chain Help to find a church for pastoral guidance

Emergency Funds...

Gas Cards Grocery Cards

Other _____

Please list upcoming hospitalizations/surgeries/concerns: _____

Additional Comments: _____

Mail your completed application to:

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