

HeartStone Foundation Applicant's Financial Information

HeartStone Foundation's mission is to provide financial assistance to those with serious medical conditions so they may concentrate on healing.

In order to make appropriate disbursements, HeartStone needs the following information.

The HeartStone Foundation will not name applicant as a recipient publicly without written consent. We will describe your need in order to raise funds. Completing this application provides no guarantee that your application will receive funds from HeartStone Foundation. HeartStone asks for your IRS Form 1040 (personal return) for the prior year and a financial statement. Please enclose them with your application. We ask that you sign the enclosed HIPAA statement so we may give funds to your medical providers.

Applicant's Name: _____ DOB: _____ Social Security #: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Alternate contact incase we cannot reach you:

Name: _____ Relationship: _____ Phone: _____

Marital Status: Single Married Divorced Widowed

Dependant Children: _____ Age: _____

Dependant Children: _____ Age: _____

Dependant Children: _____ Age: _____

Dependant Children: _____ Age: _____

Dependant Children: _____ Age: _____

Medical coverage, if any (name of provider, whether employer or personal): _____

Monthly cost of health care: _____

Employer Name: _____ Position: _____

Employer Address: _____

Amount of take-home pay \$: _____ per week, bi-weekly, semi-monthly or monthly



Spouse's Employer Name: _____ Position: _____

Employer Address: _____

Amount of take-home pay \$ _____ per week, bi-weekly, semi-monthly or monthly

Other income:

Social Security \$ _____

Disability \$ _____

Workers Compensation \$ _____

Unemployment \$ _____

Alimony/child support \$ _____

Pension \$ _____

Other - Interest & dividends \$ _____

Rental property \$ _____

Assets: Personal residence, if any, value \$ _____ Mortgage balance \$ _____

Vehicles: make, model and year _____ Loan balance _____

Additional vehicles: _____

Retirement accounts in value \$ _____

Cash and savings balances: _____

Jewelry, art, coins, etc.: _____

Debt: Monthly mortgage payment \$ _____

Home equity loan \$ _____ and monthly payment \$ _____

Rent expense, if any \$ _____

Monthly vehicle payment or lease \$ _____

Credit card: Balance \$ _____ Monthly payment \$ _____

Credit card: Balance \$ _____ Monthly payment \$ _____

Education loans \$ _____

Medical bills \$ _____

Other loans \$ _____

Please include the following information with your application:

- Medical condition and why the money is needed.
- When the money will be needed.
- You have applied for financial aid with each provider.
If you have not, please do so before contacting the HeartStone Foundation.
- Please include your medical bills and number them in the order you need them paid.
(Please Note: The HeartStone Foundation will not disperse funds directly to the individual in need and the foundation does not guarantee that funds provided will pay bills in full.)
- Two References (*pages 4 and 5*): Please include employer, co-workers, church members, or boss. References should indicate how they know you and why they think you need our support. Heartstone may contact references. *Do not include family members as references.*
- Completed the attached HIPAA Release form.
- Include your IRS Form 1040 (personal return) for the prior year.
- Any other information you feel HeartStone needs to know.

By signing below, I state that all information included herein is truthful and complete.

Signed: _____ Date: ____/____/____

Application valid for 12 months at which time you would need to reapply.

**Please mail, email or fax your application to:
HeartStone Foundation**

Mailing Address: P.O. Box 126 • Maineville, OH 45039-0126

Email: HeartStoneFoundation@gmail.com

Fax: 877-269-8415

**Questions or concerns can be directed to the following board member:
Bobbi Montgomery – 513.658.6994**



REFERENCES #1

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to applicant: _____

*Comments: _____



REFERENCES #2

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to applicant: _____

*Comments: _____



Medical Information Release Form
(HIPAA Release Form)

Name: _____ Date of Birth: _____

Phone: _____

Alternate contact incase we cannot reach you:

Name: _____ Relationship: _____

Phone: _____

Release of Information

I authorize the release of information including the diagnosis, treatments, records, bills, and claims information.

This information may be released to a representative of the HeartStone Foundation.

This Release of Information will remain in effect until terminated by me in writing.

Signed: _____ Date: ____/____/____