

VON HAWKS RISING INC. APPLICATION FOR ASSISTANCE



About Von Hawks Rising Inc. (VHR):

Von Hawks Rising Inc. is a 501c3 organization dedicated to raising funds for families of children impacted by extreme illness or traumatic experiences. VHR is comprised of a Board, Committees, and a southern Oklahoma rock cover band. The VHR Band uses its gifts and talents to entertain while raising funds to assist families. Funds raised are distributed through the VHR Assistance Application.

Nomination Criteria:

1. The child must be under the age of 18 at the time of application.
2. The child must be receiving professional care.
3. The child and their family must reside in the state of Oklahoma.
4. The child's family must show financial hardship due to the nominated child's condition.

VHR will not accept photos of documents. Documents must be scanned to a pdf and emailed, or mail documents to the VHR address:

PO Box 1461, Duncan, OK 73534-1461

or

vonhawksrising@gmail.com

Application checklist:

- ✓ Please do not take photos of any documentation or pages of the application.
- ✓ Print the application and complete in blue or black ink; print legibly.
- ✓ Before you submit the application, please ensure to the best of your ability you complete each section of this application.
- ✓ Include a photocopy of the nominated child's birth certificate to verify age.
- ✓ Include a copy of the first two pages of the family's most recent income tax return.
- ✓ Signed letter on official letterhead from nominated child's primary physician's office stating the medical condition/diagnosis.
- ✓ Include all family member information: Family members are child's parent(s), legal guardian(s), and siblings under the age of 18, who currently reside in the child's household.
- ✓ Additional documentation that will support the application.
- ✓ If applying for more than one child a separate application is required.
- ✓ Child's parent(s) or legal guardian must sign application.

VRH INC ASSISTANCE APPLICATION (Confidential)

PLEASE TELL US:

How did you find out about VHR? *(Please circle one)* Internet/Friends/Relative

Newspaper Website Event Other: _____

Have you ever applied in the past for VHR assistance application? Yes ___ No ___.

If yes, when: _____

Section 1: Nominated Child’s Information

Name of Child: _____

Address of Child: _____

Gender of child: Female _____ Male _____

Birthdate: _____
Month/Date/ Year Age Grade Level Development Age

(Attach a copy of the nominated child’s birth certificate or other certified document to show proof of age)

Section 2: Parent or Legal Guardian’s Information

Name of Parent/Guardian completing application: _____

Relationship to applicant: *(Please circle one)*

Mother Father Legal Guardian Other, Specify: _____

Address: _____
Street address Apt# City, State, Zip Code

Phone Number: _____
Cell Work Home

Email Address: _____

The nominated child currently resides with *(Please circle one)*

Parent(s) Mother, Father, Legal Guardian, Other: _____

Section 3: Family Member Information

Please list all family members who live in the same household with the nominated child and their relationship to the child. All sections for each family member must be complete. You may add additional family members needed.

Full Legal Name (First, Middle, Last)	Relationship to Child	Age	Date of Birth
	Parent/Guardian		
	Parent/Guardian		
	Sibling sister/brother		
	Sibling sister/brother		

Section 4: Medical Information

Describe your child’s medical condition/diagnosis or traumatic experience:

Please provide a short description of the medical treatment or services your child is currently receiving:

Describe how you provide care for your child?

Name of the hospital or facility where child receives care: _____

Name and phone number of primary care Provider/Physician of child:

Names of other doctors, nurses, or child life specialists who regularly see your child:

<u>Name</u>	<u>Position</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 5: Employment and Income Information

Name of Parent/Guardian’s employer: _____

Job Title/Position: _____

Work Address: _____ Work Phone Number: _____

Name of Parent/Guardian’s employer: _____

Job Title/Position: _____

Work Address: _____ Work Phone Number: _____

Annual Household Income: _____
(Must attach a copy of the first two pages of the family’s most recent tax return)

Section 6: Insurance Information

Does your child have Medical Insurance? ___Yes ___No.

If yes, what is the name of the insurance? _____

What is the name of the employer providing group health insurance? _____

Does Medicaid cover the child? ___Yes ___No

Does the child receive any disability payments? ___Yes ___No. If yes, what is amount?
\$_____

Section 7: Other Granting Organizations Information

Have you applied for assistance from other organizations? ___Yes ___No

If yes, what was the name of the organization(s)? _____

Has your child received assistance from other organization(s) or companies? ___Yes ___No

If yes what was the name of the organization(s) or companies and when was the assistance received? _____

Describe the type of assistance and if it was monetary the dollar amount received. _____

Section 8: References

Please list three references with contact information:

Name	Phone Number

Section 9: Needs and Wishes

To help the committee tailor the assistance to meet the needs of each family, please rank the following items in order of importance. 1 being the most important, 2 being second most important etc.

- ___ Medical Expenses ___ Prescriptions ___ Medical Equipment
- ___ Meals ___ Gas for vehicle ___ Daycare Expenses
- ___ House Cleaning ___ Lawn Care ___ Household supplies/Groceries
- ___ Household bills (utility bill, mortgage payment, etc.)
- ___ Family Getaway: _____ ___ Other: _____

For each household member including the nominated child, please list three wish items. These are material items that would bring stress relief, happiness, or joy. Here are some examples: self-care for the care givers such as a massage or pedicure, toys, games, swing set, movies for the child or siblings, or even a large family gift such as a television.

Household Member Name	Wish #1	Wish #2	Wish #3
Nominated Child			
Parent/Guardian			
Parent/Guardian			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			

The Family Wish: _____

Section 10: Release

I hereby certify that the information I have provided in this application is true, correct, and complete. I hereby authorize Von Hawks Rising Inc., also known as VHR, or anyone acting on their behalf, to investigate the statements made in this application, any references provided herein, and to conduct any investigation regarding the existence of any record of criminal offenses committed by any individual 13 years of age or older and further authorize the release of such information without liability to Von Hawks Rising Inc. its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors and assigns, or any person acting under their authority. I HEREBY WAIVE, RELEASE AND DISCHARGE VON HAWKS RISING INC., ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY (RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLEGENT ACT OR OMISSION OF RELEASEES.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

This application will be considered without regard to race, color, religion, national origin, gender, sexual orientation, or marital status. If you have any questions regarding this application, please contact us via email at vonhawksrising@gmail.com.

FREQUENTLY ASKED QUESTIONS

Q: Can I nominate a family as a surprise?

A: No. Due to the confidential nature of the information required, the nominated child's parent(s) or legal guardian(s) MUST fill out the application. However, please feel free to send the VHR application to the family you wish to nominate.

Q: What is a Letter of Support and is it required?

A: A Letter of Support can be written by anyone in the nominated child's life. (i.e., nurse, teacher, therapist, family friend, or family member etc.) Letters of Support do not necessarily help or hurt an applicant; they just give additional information about the child and family being nominated. The person filling out the application may also write a letter if they wish to expand on any information listed in the application.

Q: What is the income requirement cutoff?

A: The income information is only a small part of the application process, and there is not a set cutoff amount. The VHR Benevolence Team considers ALL parts of an application when making a decision.

Q: Does my child's grandparent, aunt/uncle, cousin, etc. qualify as family members to be included?

A: Family members eligible to be included are the nominated child's parent(s)/legal guardian(s) and siblings under the age of 18 living in the household with the child.

Q: How will I be notified of my child has been selected?

A: The chosen applicant's family will be notified by the contact information provided on the application by the date specified for that round of applications.

Q: If I have applied before and did not get chosen, does my application carry over to the next open round of applications?

A: No, Applications are accepted during set application periods, typically in February and August or as defined on the VHR website. Applications received during the open application process will be reviewed. Please check the website for open application dates and deadlines. Families cannot receive financial assistance more than once in 24 months.

Q: I am nominating siblings for VHR assistance. Do I need to complete separate applications?

A: Yes, each child being nominated will need a separate application.

Q. What is a traumatic experience?

A. VHR defines a traumatic experience as an accident-causing hospitalization or medical needs.