

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 and their family must reside in the state of Oklahoma.
3. 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:

- ✓ 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.
- ✓ Additional documentation that will support the application, reference letter.
- ✓ If applying for more than one child a separate application is required.
- ✓ Child's parent(s) or legal guardian must sign application.

VHR INC ASSISTANCE APPLICATION (Confidential)

PLEASE TELL US:

How did you find out about VHR? Internet Friends/Relative Newspaper
Website Event Other: _____ (Please circle one)

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: _____

The nominated child currently resides with (Please circle one) Parent(s) Mother
Father Legal Guardian Other: _____

Race and Ethnicity: ___ African American ___ American Indian/Alaska Native
___ Asian ___ Hispanic ___ Native Hawaiian/Pacific Islander ___ White

Gender: Female ___ Male ___

Date of Birth: _____
Month/Date/ Year Age

(Attach a copy of the nominated child's birth certificate 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: _____

Number of people residing at the address: _____

Section 3: Medical Information

Describe your child’s medical condition/diagnosis or traumatic experience and a brief description of the medical treatment or services your child is currently receiving (attach separate page if necessary):

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 4: Employment and Income Information

Annual Household Income: _____

(Must attach a copy of the first two pages of the family’s most recent tax return)

Name of Parent/Guardian’s employer: _____

Work Address & Phone Number: _____

Job Title/Position: _____

Name of Parent/Guardian’s employer: _____

Work Address & Phone Number: _____

Job Title/Position: _____

Section 5: Insurance Information

Is the child covered by Sooner Care or Medicaid? ___Yes ___No

Does your child have private pay Medical Insurance? ___Yes ___No.

If yes, what is the name of the insurance and parent that provides insurance?

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

Section 6: 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? _____
- when was the assistance received? _____
- Describe the type of assistance and if it was monetary the dollar amount received. _____

Section 7: Other Needs

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 (including prescriptions) _____ Medical Equipment
- _____ Vehicle (gas/maintenance) _____ Household Necessities / Groceries
- _____ Household bills (utility bill, rent/mortgage payment, etc.)
- _____ Outstanding/overdue bills (provide documentation)
- _____ Other (_____)

Section 8: References

Please list three references with contact information:

Name	Phone Number

Section 9: 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 is not required but 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 ACTS (Allow Compassion to Shine) 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.