



APPLICATION FOR ASSISTANCE

The B.A.B.Y. Foundation's mission is to provide financial assistance to medically under-insured families in Northern Colorado who have children with various health-related challenges. If that is you, we are here to help you! Please take some time to complete this application **to the best of your ability** and we will present your application to our board at our next monthly meeting.

Application Instructions

1. Submit any current medical bills pertaining to your child's medical condition that you are asking for assistance with. We will need all pages of the bill and they must show that your child was the patient in order to make payment.
2. Medical bills that do not directly relate to the child's medical condition will not be considered (such as well child visit, emergency room visit for broken bones, those not related to your child's condition, any bills pertaining to mother's care during birth, etc.).
3. Medical Bill Reimbursement:

If a medical bill has already been paid, we may reimburse you directly. No credit card, or other related bills will be paid unless directly related to the medical bills. A copy of the credit card statement will be required showing the transaction. A medical bill must also accompany the credit card statement matching the amount purchased.
4. Enclose copies of all insurance cards. **If you are covered under Medicaid your application will not be considered for help.** You must have medical insurance to qualify for financial assistance.
5. Please note The B.A.B.Y. Foundation only provides assistance for families in Northern Colorado. Assistance is limited to Weld and Larimer Counties.

Complete applications will be reviewed at our monthly board meeting (3rd Wednesday of each month). The B.A.B.Y. Foundation Application Liaison will contact you with the status of your application within a week of the meeting. Please do not contact The McKee Foundation about your application, as they will not know the status.

If your application is approved and you receive financial assistance, your funds will be available for use for 12 months from the date of approval. Any funds left after that year will then be forfeited. Your application will stay on file for one calendar year, and you may reapply in that year if more financial assistance is needed. However, new applications will receive priority.

If there is any missing information in your application the Application Liaison will contact you and it will be put on hold until all the information is received and the application is complete. Please use the enclosed checklist as a guide to make sure your application is complete.

Thank you for your interest and request from The B.A.B.Y. Foundation. If you should have any questions during the application process, email president@thebabyfoundation.org.

Thank You,

The B.A.B.Y. Foundation



THE B.A.B.Y.
FOUNDATION
BUILDING A BRIGHTER YEAR

APPLICATION FOR ASSISTANCE

Application Check List

- Child Story Sheet
 - Medical History Sheet
 - Family Information Sheet
 - Parent Worksheet
 - Financial Information Sheet
 - Financial Release Form Sheet
 - References Sheet
 - Promotional & Marketing Photograph Release
 - Electronic Photos of Child (2-3)
 - Copy of Medical Bills
 - Copy of all Insurance Cards
 - Sign & Date All Sheets
 - Mail or Email Application to:
The B.A.B.Y. Foundation
c/o The McKee Foundation or president@thebabyfoundation.org
1805 E. 18th St., Ste. 9
Loveland, CO 80538
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Medical History Information

(Please print or type clearly)

Child's Name: _____

Last

First

Middle

Date of Birth

Child's Medical Diagnosis: _____

Date Child First Seen For Condition: _____

Physician Name: _____

Address: _____

Phone: _____



APPLICATION FOR ASSISTANCE

Parent Work Information

(Please print or type clearly)

Parent/Guardian's Employment:
(Legal Guardian)

Name

Address

Length of Time at Employment

Business Phone

Parent/Guardian's Employment:
(Legal Guardian)

Name

Address

Length of Time at Employment

Business Phone

Insurance Information

Please attach a copy of your insurance card (front & back).

Policyholder Name _____ ID# _____ Group # _____

Insurance Company's Name _____ Phone # _____

Address _____ City _____ State _____ ZIP _____

Max. Out of Pocket/Year \$ _____ Child Deductible \$ _____ Family Deductible \$ _____

Office Co-Pay \$ _____ Specialist Co-pay \$ _____ ER Co-Pay \$ _____ Urgent Care Co-Pay \$ _____

Plan percentage you pay (ex: 80/20) _____

Do you have dental coverage? Yes/ No (If Yes, please attach a copy of your dental card.) Id# _____

Do you have additional prescription coverage? Yes/ No (If Yes, please attach a copy of your prescription card.)

Id# _____



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Financial Information

Please share with us some information below regarding your financial situation. We are happy to help all types of income ranges but like to have a good picture of where you stand financially in order to help the board understand your entire situation. Please print or type clearly.

Income (Net Monthly)		Expenses (Monthly)	
Parent/Guardian	\$	Rent/Mortgage	\$
Parent/Guardian	\$	Utilities (average/month)	\$
Social Security	\$	Phone	\$
Disability	\$	Food (average/month)	\$
Unemployment	\$	Car Payment	\$
Other (please list)	\$	Gas	\$
Other (please list)	\$	Medical	\$
Other (please list)	\$	2 nd Mortgage	\$
		Credit Card	\$
		Personal Loan	\$
		Other (please list)	\$
		Other (please list)	\$
		Other (please list)	\$
Total Net Income	\$	Total Expenses	\$

Total amount of Financial Aid Requested: \$ _____

Date Requested: _____

Have you applied or received financial aid from The B.A.B.Y. Foundation or any other program before:

Yes No If yes, please list name and date of organization: _____

How did you hear about The B.A.B.Y. Foundation? _____



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References

(Please print or type clearly)

Please list below two (2) - three (3) references **The B.A.B.Y. Foundation** may use to discuss and support your child's medical challenge, your need for assistance, and any other questions we may have.

Name: _____

Address: _____

Contact Phone #: _____

Relationship to Person: _____

Name: _____

Address: _____

Contact Phone #: _____

Relationship to Person: _____

Name: _____

Address: _____

Contact Phone #: _____

Relationship to Person: _____



APPLICATION FOR ASSISTANCE

Promotional & Marketing Photograph Release

(Please print or type clearly)

The wide recognition of **The B.A.B.Y. Foundation** has created many requests for financial aid. As you know, our foundation provides an important function in our community, and our goal is to continue assisting families in the Northern Colorado area. In order for us to continue to provide funds to families in need, we need to raise money through our annual fundraisers. **The B.A.B.Y. Foundation** is asking you to include two to three photographs of your child, and also asking you to authorize **The B.A.B.Y. Foundation** to use your photographs and your child's first name only in our marketing and promotional materials for future fundraisers. Please email your photos (with application) to president@thebabyfoundation.org.

I, the undersigned, do hereby grant permission to The B.A.B.Y. Foundation to post my and/or my child's story, photo, or other item, hereinafter referred to as "Materials," I submit to and for The B.A.B.Y. Foundation's website and Facebook account. I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said Materials, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the Materials or any rights therein.

Parent/Guardian Signature _____ Date _____

I acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child's inclusion in the Materials, will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Child's Name: _____
Last First Middle

Parent's Name: _____
Last First Middle

Signature _____ Date _____

Please mark here if you do NOT want your child's story or pictures shared on promotional material. We are happy to abide by your request.