



# Application for Assistance

All of our applicants must be qualified through their social or case worker. We work closely with these highly qualified professionals to assure the applicants have immediate needs that are directly related to the child's illness and hospital stays and meet the criteria "Just Keep Smiling" has set in order to provide assistance to families in crisis.

Social Worker: \_\_\_\_\_ Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospitalization dates: \_\_\_\_\_

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Parents Name: \_\_\_\_\_ ph#: \_\_\_\_\_

Address: \_\_\_\_\_

Additional contact(s): \_\_\_\_\_ ph#: \_\_\_\_\_

\*\*relationship to child: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis:

Request (list bills and amount requested):

**For Grant Purposes:**

Are Parents Employed

If no, why?

Total income:

Single Family Home:

Yes

No

Race:

**Social Worker's signature:** \_\_\_\_\_

Family has received a copy of "Just Keep Smiling" brochure

Family is open to a visit from "Just Keep Smiling" representative (time permitting and volunteer available)

**\*\*\* Instructions:**

1. **COMPLETE application and SAVE**
2. **SCAN BILLS**
3. **EMAIL this APPLICATION, BILLS and ANY ADDITIONAL INFO to:**  
[sjeffreys@justkeepsmling.org](mailto:sjeffreys@justkeepsmling.org)

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