



Application for Financial Assistance

*Please complete the application and mail to: **The Someday Foundation**, 950 11th Street NE, Dyersville, IA 52040. A volunteer will contact you if your family has been selected. We cannot guarantee that all applications will be selected. Please apply only if you have not been selected to receive similar services by another organization.*

Application Date: _____

Patient's Name (First, Middle, Last): _____ Male
 Female

Date of Birth: _____ Diagnosis: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Email: _____

Employer: _____

Work Address/Phone Number: _____

May we contact you at work? Yes No

Has your family received financial help from another organization? If so, please explain.

Reason for Request

- Basic living expenses such as rent/mortgage, utilities, car repairs, etc.
- Travel costs related to treatment and doctor visits
- Food and lodging related to treatment and doctor visits
- Long-distance expenses related to treatment
- Pharmacy expenses
- Funeral expenses
- Other

Amount requested: \$_____

Please use the space below to explain why you are making this request:

Consent to Release Information

I do hereby authorize the staff at my treatment center to release to The Someday Foundation any information pertinent to your treatment and related expenses deemed necessary to complete The Someday Foundation's investigation of my application for financial assistance.

Signature

Date

Doctor/Social Worker Signature

Date

Please mail completed application to:



THE SOMEDAY FOUNDATION
950 11th Street NE
Dyersville, IA 52040