

**Support Request**

Please send completed application and consent form via email to [HFCFNJ@gmail.com](mailto:HFCFNJ@gmail.com) or Po Box 4325 Middletown NJ 07748.

• HFCF only assists families in the Monmouth County area

• People in need may only apply once for a grant from HFCF

• The Board reviews all applications. Please allow 3-4 weeks for processing and payment

• Please make sure the new consent form is reviewed and signed before submitting

• If you are requesting assistance for a specific bill, then the invoice must be included or application will be denied

• HFCF can help with the following but not limited to, rent (only with a copy of a signed, legal lease), child care, utilities, cable, phone, auto expenses, insurance, food & gas gift cards, medical bills, prescription co-pays, etc. However we do not help pay credit cards or give money directly to an applicant.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_ Male Female (please circle one)

(If Applicable) Medical Information Diagnosis:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current issues resulting in need to help understand the big picture: (Please give a detailed description of daily situation i.e. Job/work kids, living circumstance, family situation, and insurance):

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Area in which help is needed most and financial amounts– be as specific as possible and PRIORITIZE your needs: (transportation, prescription/medical, utilities, rent, child care, food, etc): If a Bill needs to be paid, please include a copy of the invoice (ensuring who and where bill needs to be paid).

Assistance requested (e.g., Electric bill, or rent – please prioritize list of bills) ,COST (e.g., $150.00)

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Other Resources or Assistance applied for/ received or receiving:

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**Please make sure the application is filled out completely, include copies of invoices (if applicable), and if it is a medical condition you must include a signed doctor’s note with a diagnosis.**



**CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(address)

Hereinafter referred to as "I" or "my"), hereby consent to the following:

1. Hope for Children Foundation has express permission for the use of my story/image (full names will never be used). I understand that my image/story may be used in connection with all charitable fundraising efforts including it being published on a website promoting a charity event, and/or in press releases, articles, news stories and/or other related media. The right to my image/story is granted worldwide and in perpetuity, but only for use as set forth herein, and not in any other manner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed By:

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. In the event that I am awarded a grant from the Hope for Children Foundation, I certify, promise and affirm that I will utilize such grant for the specified intended purposes thereof, and for no other purpose. I understand that this promise is a material condition of being awarded a grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed By:

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_