

**ANDREW'S SPECIAL KIDS FOUNDATION**  
**APPLICATION**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employer \_\_\_\_\_ Annual Income: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employer \_\_\_\_\_ Annual Income: \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Do you have Medical Access (    ) Yes (    ) No

Do you have any other health insurance (    ) Yes (    ) No

Carrier: \_\_\_\_\_

Do you have a case worker? (    ) Yes (    ) No

If yes, give Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

If yes, through what agency? \_\_\_\_\_ (i.e. Blast, Early Intervention, MHMR)

List the nature of the problem for which the **child** needs financial assistance below; (if more pages are needed please attach.)

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How did you find out about Andrew's Special Kids Foundation?

Newspaper (    ) Radio (    ) TV (    ) Surfing Web (    ) Caseworker (    ) Other (    )

\*This information will only be disclosed to foundation staff. We need to ensure this money is being used for a child with a special need.



