

Little Bean, Inc. Application for Financial Assistance

Thank you for reaching out to Little Bean, Inc. We are committed to supporting children and families affected by health-related illnesses through financial aid and creative programs. Please complete this application to be considered for assistance.

APPLICANT INFORMATION

1. **Parent/Guardian Name:** _____
 2. **Child's Name:** _____
 3. **Child's Date of Birth:** ____ / ____ / _____
 4. **Relationship to Child:** Parent Legal Guardian Other (Specify: _____)
 5. **Address:** _____
 6. **City:** _____ **State:** _____ **Zip Code:** _____
 7. **Phone Number:** (****) ****-_____
 8. **Email Address:** _____
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MEDICAL INFORMATION

9. **Diagnosis/Health Condition:** _____
10. **Date of Diagnosis:** ____ / ____ / _____
11. **Current Treating Physician:** _____
12. **Hospital/Clinic Name:** _____
13. **Is the child currently receiving treatment?** Yes No
14. **Briefly describe the child's medical condition and how it impacts your family:**

FINANCIAL INFORMATION

15. **Number of people in household:** _____
16. **Annual Household Income:** \$ _____
17. **Are you currently receiving any other financial aid?** Yes No

- If yes, please specify:

18. **Amount of Financial Assistance Requested:** \$ _____
19. **Intended Use of Funds (e.g., medical bills, travel expenses, therapy, etc.):**

ADDITIONAL INFORMATION

20. **Why do you believe your family should receive financial assistance from Little Bean, Inc.?**

21. **Has your child participated in any of our art programs?** Yes No

- If yes, please describe:

22. **How did you hear about Little Bean, Inc.?**

SUPPORTING DOCUMENTS REQUIRED (Please attach the following with your application submission)

- A letter from the child’s physician confirming diagnosis and treatment plan.
- A copy of the most recent tax return or proof of income.
- Any relevant medical bills or financial hardship documentation.

ACKNOWLEDGMENT & CONSENT

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submitting this application does not guarantee financial assistance and that Little Bean, Inc. may contact me for further information or clarification. I also consent to the use of non-confidential information for program evaluation and improvement.

Applicant Signature: _____ **Date:** ____ / ____ / _____

Please submit your completed application and supporting documents to:

Email: support@littlebeaninc.org

Mail: Little Bean, Inc.,

For any questions, contact us at (512)-827-7638. Thank you!