



RET FOUNDATION APPLICATION FOR ASSISTANCE

Please fill out the following information, and email this document to Katie@retfoundation.com or katieandel@gmail.com. You may also fax it to 843-682-5040, ATTN: RET Foundation. Please feel free to call 843-683-1705 if you have any questions at all.

Child's Name:

Parents' Names:

Mailing Address:

Phone Numbers:

Email Address:

Patient's Diagnosis:

Date of Diagnosis / Date of initial treatment:

Primary Oncology Physician and Phone Number:

Name of Treatment Facility and Phone Number:

Please briefly describe current treatment protocol:

Caregiver 1's Current Employer:

Caregiver 2's Current Employer

Please briefly describe your financial needs at this time:

Page 2 follows:

Please fill out the requested information and send it to either of the email addresses above, or fax to the number above, or mail to: 14 Wells East Drive, Hilton Head Island, SC 29926 along with the following supporting documents:

- 1) a copy of either a letter from a physician on patient's treatment team, or a bill from the treatment facility,
- 2) a document or documents to demonstrate financial need, such as an unpaid hospital bill, unpaid household utility bill, etc.
- 3) any other document(s) which demonstrate the existence of the financial need estimated above

We will deal with your application promptly and will contact you to inform you about the assistance we can provide. Grants are based on a combination of need and funding available at any given time, so no rigid guidelines can be applied to predict grant amounts.”