

P.O. Box 8154

Mobile, AL 36689

**“When Life Gives You Lemons”**

For more information on our foundation please visit

[aaf328.org](file:///C%3A%5CUsers%5Cjimbe%5CDownloads%5Caaf328.org)

**Request for Family Financial Assistance:**

When families are given the diagnosis of DIPG for their child, making every moment count is their ONLY OPTION!!

“When life gives you Lemons, You make Lemonade,” is something a little girl from Mobile, Alabama taught us on her 11th Birthday while battling DIPG and spawning the viral Lemon Face Challenge across the world.

Aubreigh’s Army Foundation 328 is dedicated to help newly diagnosed families indirectly with travel expenses, hospital stays, bills, or wherever our help is needed.

If your child has been diagnosed with DIPG, we can provide financial assistance to help offset medical expenses, including travel, accommodation, bills and treatments.

**Eligibility:**

Any family with a child diagnosed with DIPG is eligible for consideration. Child may be newly diagnosed, under treatment, or in progression. Parent/Guardian of the child are experiencing financial hardship and are primary residents of the United States.

**What to include:**

* Copy of Child’s Birth Certificate
* Letter from Physician including diagnosis and indication child is under their care.
* Copy of Bills or Expenses requesting assistance
* Completed application.

**How to Submit:**

* Email to: info@aaf328.org
* Mail to: P.O. Box 8154, Mobile, AL 36689

**Application Information:**

Parent/Guardian Name (First, MI, Last):

Street Address:

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

Phone: (\_\_\_) -

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use Facebook, have a web page, or some other form of social media where we can follow your child’s battle? [ ] Yes [ ] No If yes, please provide URL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Information:**

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date Of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Treatment Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Information:

Part 1

Diagnosing Physician Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 2 (If same as above, write “Same” on first line for name)

Treating Physician Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Worker Information (if one has been established):**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us:\_

**Media Release (**Please check one only)

 I[ ]  Authorize [ ]  do not authorize Aubreigh’s Army Foundation 328 to use my child’s name, diagnosis, photographs, video recordings, my name and my child’s story to inform supporters, the media, and the general public about Aubreigh’s Army Foundation 328 and its programs, events, fundraising, and services. These materials may be used in, but not limited to, promotional materials, social media posts, newsletters/emails, and the organization’s website. If permission is granted above, I, for myself and my child, release all claims against Aubreigh’s Army Foundation 328 and its representatives with respect to copyright ownership and publication, including any claim for compensation related to the use of these materials.

My signature below indicates that I am the parent/ legal guardian of the child listed in this application and that the information in this application is true and accurate to the best of my knowledge. I acknowledge that Aubreigh’s Army Foundation 328 will pursue and is entitled to restitution for any and all financial assistance released to me from Aubreigh’s Army Foundation 328 if it is determined that this application contains false information.

