



Logan Strong Foundation

LoganStrongFoundation@gmail.com

www.LoganStrongFoundation.org

(518) 930-2384

Application for Services

Childs Name: _____ Preferred Nickname: _____

Date of Birth: _____ Date of Diagnosis: _____

Diagnosis: _____

Treatment Stage: _____

Primary Treatment Hospital: _____

Primary Doctor: _____

Referring Agency: _____ Agency Contact: _____

Street Address: _____ Contact Phone: _____

City, State, Zip: _____ Contact Email: _____

Parents Names: _____

Home Address: _____

Are you staying at AMC?: Yes No (If "No" see below) If "Yes," room number: _____

Are you staying at RMHC?: Yes No (If "No" see below) If "Yes," room number: _____

If "no" to the above two questions, where are you admitted or staying? _____

Best Phone to Contact: _____ Best Email: _____

Family Contact (optional): _____

School Contact (optional): _____

Logan Strong Foundation provides the following items and services

Please mark anything you are asking for. You can choose as few or as many of the services we offer.

- Ocho**—Hand crocheted Octopus as a friendly hospital buddy.
- No Touching Sign**—Signs to put on strollers and diaper bags to ask others not to touch due to germs.
- T-Shirt Campaign**—As a way to assist you to get through the financial hardship of being in the hospital, we help you create a campaign and sell T-shirts to raise money.
- Wrist Bands**—As a way to assist you to get through the financial hardship of being in the hospital, we provide you with 500 wrist bands to sell to raise money and awareness.
- House Cleaning**—With our partnership with Life Maid Simple, we are thrilled to offer families an opportunity for a complimentary house cleaning (*maximum of four hours*) paid by the Logan Strong Foundation.
- Wish List Items**—We ask you to set up a wish list on Amazon.com that is public and share with us. Our Board of Directors will approve a small treat to help you and your little one get through treatments.

By signing below, I attest that all the information I've provided is true and accurate to the best of my knowledge.

Print Name: _____ Relationship: _____

Signature: _____ Date Signed: _____



Logan Strong Foundation

LoganStrongFoundation@gmail.com

www.LoganStrongFoundation.org

(518) 930-2384

Releases

Initial Approval

_____ The Logan Strong Foundation is asking for your release of usage for photos, and consent to share limited medical information for you are willing to share.

_____ I authorize the release of our names, and images of our family that we have provided or we have approved, for the promotion of services we have been provided by the Logan Strong Foundation.

_____ I authorize the release of our child's diagnosis, place of treatment and stage of treatment information we have provided and approved, for the promotion of services provided by the Logan Strong Foundation.

_____ I authorize Logan Strong Foundation to reach out to the approved contacts on our behalf to aid us in the fundraising process.

| Authorized Contacts <i>(may be updated as needed)</i> | | | | |
|---|--------------|-------|-------|------------|
| Name | Organization | Phone | Email | Date Auth. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please submit completed application by email to: LoganStrongFoundation@gmail.com

| For Logan Strong Foundation Use Only | | | |
|--------------------------------------|-------------|---------------------|--|
| Application Date: | | Board Contact: | |
| Board Acceptance: | | | |
| T-Shirt Design: | Sent to Ray | Start Date: | |
| Site Link: | | End Date: | |
| Wristband Colors: | | Date Ordered: | |
| Wristband Wording: | | Date Delivered: | |
| Ocho Delivered: | | No Touch Delivered: | |
| Amazon Wish Request: | | Cleaning Scheduled: | |
| Notes: | | | |