



Application Cover Letter

Due to an increase in applications, as well as applications not being completed before submission, the following information **MUST** accompany your application or it will NOT be considered. Any application not meeting the following criteria will be discarded without further notice. Unfortunately, due to these circumstances our time for consideration has now been extended from 7-10 days to 2-3 weeks. Hopefully, we will be able to decrease our processing time once our new system of submission is in place. **This cover letter must accompany your application. Thank you!**

Criterion/Information Needed/ Guideline Checklist

- Application is current (2019 applications can be found on the website)
- Application **MUST** come from a hospital staff member currently working with the family.
- A letter from a medical professional currently working with the family explaining the diagnosis, treatment, family situation, assistance requested, etc. must accompany the application.
- The information requested must be legible and complete.
- A complete address, including state and zip code, must be included on the application for both the family requesting assistance and the social worker. MLC if necessary
- If requesting assistance with a bill, a copy of the current bill must be included with the application, as well as confirmation that a partial payment will be accepted. Handwritten bills, past notices, etc., will NOT be accepted.
- If requesting assistance with rent/mortgage, a copy of the current bill/lease must be included with the application, as well as confirmation that a partial payment will be accepted. Handwritten leases, past due notices, etc., will NOT be accepted.
- Applicants are aware that due to HIPPA and our own guidelines we are unable to speak to them personally about their application. All correspondence must be through the medical professional submitting the application and Patches of Light. Any attempts otherwise will terminate the request.
- Confirmation of an application being received is suggested due to technical/ mailing issues beyond our control.
- The criterion/Information checklist on the application must also be checked and followed.
- The application process will take 2-3 weeks beginning October 24, 2019.
- The information on the application: phone number, email, fax, are for the medical personnel's use only. Families may not use the information to make further requests on their own.

Name: _____ Title: _____

Signature: _____ Date: _____