



The Nigel O. Hodge Foundation
Application for Assistance

Date: _____

Patient Information:

Name: _____ Date of Birth: _____

Social Security #: _____

Diagnosis: _____

Treating Physician(s) Name: _____ Phone #: _____

Physician Address: _____

Hospital: _____ Phone#: _____

Hospital Address: _____

Has Treatment Started: Check one: Yes No

What kind of assistance are you requesting from the Nigel O. Hodge Foundation? (Describe Need)

Estimated Cost: _____

Parent/Guardian Information:

Name: _____ Tel. #: _____

Home Address: _____

Employer: _____

Work Address: _____

Social Security #: _____

Other Family Members in the home (provide Names & Ages):

Financial Information of Parent/Guardian:

Yearly/Monthly income for current year: _____

Own/Rent home? _____ Monthly cost: _____

Health Insurance:

Name: _____

Policy#: _____ Group#: _____

Covered in USA/Mainland? Check One: Yes No

Medicare #: _____

How did you hear of the Nigel O. Hodge Foundation?

Please include the following information:

____ Recommendation from Doctor

____ Current Photograph of Patient

If granted financial aid, I understand that I will furnish the foundation with an update of progress of the patient.

Please note that all information may be used by the Nigel O. Hodge Foundation for future events or on our web site, <http://www.nigelohodgefoundation.org> By signing this form you are releasing the above information to the Nigel O. Hodge Foundation.

Date: _____

Signature: _____

Please mail, email, or fax this form to:

Nigel O. Hodge Foundation

P.O. Box 10091

St. Thomas, VI 00801

Phone/Fax: (340) 777-9530

E-mail: nigelohodgefoundation1@gmail.com