



Gaylon Hayden,
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www.bookforhope.org

Before completing the application, please read the entire paperwork.

- **Book for Hope childhood cancer organization** financially supports families with a child actively in cancer treatment. Also, the child must live in Western Kentucky or Southern Illinois and be between the age past infancy through nineteen years old.
- Meeting the criteria of this application does not guarantee approval. We will notify the social worker and family once we accept the family.
- Once the completed application is filled out, scanned, and emailed to gaylonhayden@att.net, we will overnight an emergency envelope to the family.

The Book for Hope emergency envelope will contain a \$150.00 pre-loaded Visa Card, a \$100.00 Restaurant Card, and a \$100.00 Fuel Card.

- The month after the emergency envelope is received, we allow families to screenshot an invoice or a scanned bill with a \$200.00 cap such as utility bills, house/rent payments, automobile payments, automobile insurance, automobile repairs, and bills necessary to keep the home from going into foreclosure and the child able to travel to treatment. You can continue to send a bill in to Book for Hope® every month as long as your child is actively in cancer treatment.
- **WE DO NOT PAY MEDICAL BILLS.** Children's hospitals across the country will write pediatric cancer debt off the books.

To complete the application, you will need:

- Your Pediatric Oncology Social Worker's contact information. **Please do not submit the application yourself. Instead, the application should be emailed by the Pediatric Oncology Social Worker.**

Book for Hope, Inc., applications without the following information might not be taken into consideration:

- Pediatric Oncology Social Worker's email and phone number.

Has your child been diagnosed with cancer in the last six months?

- Apply for a one-time Book for Hope envelope program.

Book for Hope reserves the right to change these guidelines at any time without notice and to apply these guidelines at our reasonable discretion. If you have any questions, please contact Book for Hope at 270.519.6536 or email gaylonhayden@att.net.

Confirm reading by your signature*



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Book for Hope Emergency Envelope Application

Patient Information

Child Full Name*

Child Address*

Child Gender*

Male Female

Birthdate*

Ethnicity* Caucasian – Asian – Hispanic or Latino – Black or African American – Middle Eastern – Multiracial – Other

Diagnosis*

Date of Diagnosis*

Diagnosis Status*

New Diagnosis (<6 Months) _____

Existing Diagnosis (7 Months – 2 years) _____

Relapse/Diagnosis (2 + years) _____

New Diagnosis in advanced stage and /or aggressive cancer _____

Parent/Guardian Information*

Parent Names



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Other parent name and phone number

Parent email address*

Other parent address (If different than the child) (Only complete if different than child's address)

Pediatric Oncology Social Worker's Name*

Social Worker's Primary Phone Number*

Social Worker's Email Address*

Authorization for the verifier to release medical information*

- I authorize the verifier (Pediatric Oncology Social Worker, Pediatric Oncologist) provided on this form to release information (including the diagnosis treatment status/plan or other pertinent information to Book for Hope, Inc. as necessary to determine eligibility and processing the application:



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Book for Hope Emergency Envelope Application – Waiver and Media Release

Waiver

In consideration of me and or my minor child/adolescent permitted to participate in events, I hereby-for-myself, my heirs and personal representatives assume any and all risks, which might be associated with events. I further waive, release, discharge and covenant not to sue Book for Hope, Inc., or its Officers, Directors, Volunteers, Sponsors, Organizers, or other Representatives or their successors, and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or my child/children/adolescents as a result of taking part in the events.

Media Release

I also authorize the use of Book for Hope, Inc., and events provided by Book for Hope, Inc., any photo, film, or videotape taken of me or my child/family as a result taking part in the event for any purpose. I hereby give my permission for photos of my child to be used in social media to bring childhood/adolescent cancer awareness.

Signature to approve of the waiver and media release*