



Gaylon Hayden,
President

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www.bookforhope.org

Before completing the application, please read the entire paperwork.

- **The Book for Hope® childhood cancer organization** financially supports families with a child in active cancer treatment. The child must live in Western Kentucky, Southern Illinois, or some counties in Tennessee. The age we cover is from past infancy through nineteen years old.
- **State of Kentucky**
Every county
- **Counties covered in Southern Illinois:**

Alexander, Gallatin, Hardin, Jackson, Johnson, Massac, Pope, Pulaski, Saline, Union, Williamson
- **Counties covered in Tennessee:**

Lake Obion, Henry, Weakley, Stewart, Dyer
- 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 application is filled out, scanned, and emailed to gaylonhayden@att.net by the social worker, we will review and respond weekly.
- The month after the application is approved, we allow families to submit up to three bills at one time with a total of \$1200.00 per year and another application for three more bills submitted the same way the second year if the child is in active cancer treatment. Families can screenshot an invoice or scanned bills such as utility bills, house/rent payments, automobile payments, automobile insurance, automobile repairs, and bills necessary to keep the home from foreclosure and the child able to travel to treatment.
- **WE DO NOT PAY MEDICAL BILLS.** Children's hospitals nationwide 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.**

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

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

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 get in touch with Book for Hope at 270.519.6536 or email gaylonhayden@att.net.

Confirm reading by your signature*

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

☐

Patient Information

Full name of child*

Address of Child*

Gender of child*

Male Female

Birthdate of child*

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

Other parents 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 Workers Name*

Social Workers Primary Phone Number*

Social Workers 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 process the application.



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Book for Hope® Waiver and Media Release

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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 of participating 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*