



Gaylon Hayden,
Executive Director

22 Barrington Circle
Paducah, KY 42003

P: 270.554.7528
C: 270.519.6536
E: gaylonhayden@att.net

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 Kentucky, Southern Illinois, or some counties in Tennessee. Our organization covers ages from infancy through twenty 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. Once the social worker emails Book for Hope a completed application with a parent signature and bills, Book for Hope, Inc., will begin the approval process.
- **The social worker from the treating hospital must complete and scan the application with the family's bills and email them to gaylonhayden@att.net; we will begin the approval process. We will notify the social worker of approval and the payment method used.**
- After the application is approved, we allow social workers to submit three bills at one time with a total of \$1400.00 per year, with this being fluid, and another application for three more bills submitted the same way the second year if the child is undergoing cancer treatment. Social workers can scan bills such as utility bills, mortgages, home rentals, automobile payments, automobile insurance, emergency assistance (such as vehicle repairs), home repairs (such as HVAC, washer, dryer), grocery cards, and fuel cards. Book for Hope will help with medical equipment not covered by insurance and burial assistance. **Book for Hope pays all bills directly to the vendor.**

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.

Does the family have a fundraising page? If so, what is the name of the Facebook page.

Book for Hope reserves the right to change these guidelines at any time without notice and to apply these guidelines to 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*

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 and last 4 digits of the primary care person's Social Security Number to help our organization pay the family's bills*

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 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 process the application.
-

Book for Hope® Waiver and Media Release

Waiver

In consideration of me and/or my minor child/adolescent being permitted to participate in events, I hereby, for myself, my heirs and personal representatives, assume any 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 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., and 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 on social media to bring childhood/adolescent cancer awareness.

Signature to approve the waiver and media release*

--