

LIVE LIKE



APPLICATION FOR ASSISTANCE

Arapaho United Methodist Church

Live Like Luke was founded in loving memory of Luke Childs. Even in his six short years, it was evident that Luke possessed a joy, a lightness of heart, and bravery that we could all learn from. Simply said: we were better people for having him in our lives. We believe if we wake up every day with the intention of living the way Luke lived, we can live in a better world.

Our mission is to honor Luke's legacy by easing the financial burden on families that are battling long-term, life-threatening childhood illness. In accessing fund requests, we will consider the following:

- The child must be diagnosed with a long-term, life-threatening illness;
- The child must be currently or recently hospitalized or receiving ongoing medical treatment at medical facility or at home through specialized nursing care;
- The child must be under 18 years old;
- The family must be located within 75 miles of Dallas, Texas; and
- The family must be able to demonstrate financial need (regardless of socio-economic status prior to the child's diagnosis).
- The maximum award per family will be \$3,000.

SUBMITTAL CHECKLIST:

- Complete Application with Signature
- Medical Information Form (completed by physician or social worker)

Optional:

- Letter from Guardian with other relevant information regarding the request for funding

APPLICATION SUBMITTAL AND CONTACT INFORMATION:

Submit completed application and medical form to: sarah.ewalt@arapahoumc.org for consideration.

Contact Information:

Email address: sarah.ewalt@arapahoumc.org

Phone: 254-366-5143

Website: <https://www.arapahoumc.org/blog/live-like-luke-ministry>



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CHILD INFORMATION

First and Last Name _____

Birth date _____ Child Current Age _____

GUARDIAN INFORMATION

First and Last Name _____

Relationship to child _____

Address _____

City _____ State _____ Zip _____

Primary phone _____ E-mail address _____

Occupation _____

First and Last Name _____

Relationship to child _____

Address _____

City _____ State _____ Zip _____

Primary phone _____ E-mail address _____

Occupation _____

HOUSEHOLD INFORMATION

Child lives with _____

Number of dependent children in the household _____

Does the household speak English? Yes/ No _____

If no, what is the primary language? _____

MEDICAL INFORMATION

(Health care professionals associated with current care)

Physician's Name: _____

Physician Phone Number: _____

Social Worker's Name: _____

Social Worker's Phone Number: _____

Child's Clinical Diagnosis: _____

Age Illness Started or was diagnosed: _____

Description of Prognosis: _____

FUNDING INFORMATION

Does the child have health insurance? Yes/No _____

Annual Family Income _____

Has funding been requested from additional sources? Yes/No _____

Attach any outstanding bills you would like to have paid by these grant funds. Copies of bills are acceptable as long as they are legible. Please provide an itemized page with the name of the organization to be paid, their telephone # with area code, account # of claim, date of service and amount to be paid. Bills will not be paid for without this itemized statement.

How did you hear about Live Like Luke? _____



I HEREBY AFFIRM AS FOLLOWS:

Arapaho United Methodist Church

- 1. The undersigned are the parents or guardians of the child.
- 2. I declare that the information furnished on this application form, including any attached sheets, is true and correct to the best of my knowledge.

Signature: _____

Date: _____



MEDICAL INFORMATION FORM

(to be completed by hospital staff)

Arapaho United Methodist Church

Email completed forms to sarah.ewalt@arapahoumc.org

Child's Diagnosis: _____

Date of Diagnosis: _____

Child's Physician: _____

Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Please describe the child's medical condition and anticipated hospital stay:

Name and Title of Staff Person Completing this Form: