



**REBEKAH'S ANGELS**  
*foundation*

**Application Form**

Please keep in mind that we are not able to provide assistance to all individuals who apply for financial assistance. In the event that we aren't able to help you, we will do our best to refer you to other charitable organizations who may have the resources you need. In order for us to learn more about your life and your circumstances so that we may assess our ability to assist you, please complete this application form.

Our Board of Directors will review all requests and will determine Rebekah's Angels ability to fulfill yours. We will make every effort to inform you of our decision whether or not to move forward as soon as possible.

Please complete this application and return it via email to [info@rebekahsangels.org](mailto:info@rebekahsangels.org). You can also print and mail this application to 6630 FM 1463 STE B500 #254 Katy, TX 77494.

1. Parent/Legal Guardian Information:

- a. First Name:
- b. Last Name:
- c. Relationship to child:
- d. Secondary Parent First Name:
- e. Secondary Parent Last Name:
- f. Main Phone Number:
- g. Main Phone Type:
- h. Email:
- i. Street Address 1:
- j. Street Address 2:
- k. City:
- l. State:
- m. Zip Code:
- n. Guardian Employment Information:
- o. Guardian Family Income:

2. Child Eligibility:

- a. Is the child 18 years of age or younger at the time of application?
  - i. Yes
  - ii. No
- b. Does your child have a social security number issued by the Social Security Administration?

- i. Yes
    - ii. No
  - c. Has the child been diagnosed with PTSD?
  - d. Approximate diagnosis date:
    - i. (Date fields)
  - e. Tell us the story of your trauma.
  - f. How is the child's daily interactions different than prior to the traumatic event?
- 3. Child Information:
  - a. First Name:
  - b. Last Name:
  - c. Gender:
  - d. Date of birth:
  - e. Insurance Provider:
  - f. Primary Spoken Language:
- 4. Child's Physician Information:
  - a. Name
  - b. Phone
  - c. Email
  - d. Hospital or Treatment Facility
- 5. Additional Questions:
  - a. Are there any other charitable organizations, donation drives or other financial resources available to assist you? This may include your health insurance provider.
  - b. Please attach any other supporting documents.
- 6. Marketing & Communications:
  - a. May we use your image and story on our website or other promotional media such as Facebook, Twitter, or advertising?
  - b. Would you be willing to participate in media promotions or public events (in person)?
- 7. How did you hear about Rebekah's Angels?
- 8. Consent & Authorization: (Signature field)