



REQUEST FOR FINANCIAL AID FORM

First name of parent
Last name of parent
Last and first name of child requesting help
Date of birth of child
Address where child lives (postal code needed)
Home phone number of parents
Father's work
Phone number at work:
Mother's work
Phone number at work:
Number of children in the family
Annual family revenue



REQUEST FOR FINANCIAL AID FORM

Reason for requesting financial help (give a brief description of the child's medical condition)

Name of person who recommended you: _____

Phone number of this person: _____

What is this person's work:

Below, describe the needs and care of the child and the costs associated to each:

Care and/or medication

Annual cost



REQUEST FOR FINANCIAL AID FORM

<p>Amount requested</p> <hr/>
<p>Are you receiving financial aid from another organization? Yes _____ No _____</p> <p>If yes, which one? _____</p>
<p>To fulfil which need: _____</p> <p>_____</p>
<p>Comments: _____</p> <p>_____</p> <p>_____</p>

Note: Please include medical attestation of child's condition

Send your request by mail to:

Fondation S.O.S. Enfants
219, LaSalle Street
Saint-Paul co Joliette(Québec) J0K 3E0

For more information, you can contact us by phone at (450) 759-2450 or by E-Mail at:
fondationsosenfants@laccompagnateur.org.

Signature of applicant

Date