



# The Piggyback Foundation

*Carrying Families Through Times of Need Since 2007*

### Eligibility Requirements:

1. Applicant must have a life-threatening illness and be a member of a family with children attending school (under the age of 22) and reside with in the greater Norwalk, Ohio area.
2. Applicant must provide the signed Medical Information Form from his/her treating physician documenting the type of illness diagnosed, the treatment prescribed, and a statement that the applicant is currently undergoing treatment.
3. Applicant must provide the signed Authorization of Release of Information Form.
4. Recipients may receive funds up to one year at the discretion of the board.
5. Applications will not be review until all documents are complete. The board reviews applications on the second Thursday of each month.

Patient's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Application Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Referring Physician \_\_\_\_\_

Hospital \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

### Family Information:

Parents/Guardians or Spouse \_\_\_\_\_

Children/Siblings (please include birthdates (mm/dd/yy)):

Child: \_\_\_\_\_ Bd \_\_\_\_\_ M F

Child: \_\_\_\_\_ Bd \_\_\_\_\_ M F

Child: \_\_\_\_\_ Bd \_\_\_\_\_ M F

Child: \_\_\_\_\_ Bd \_\_\_\_\_ M F

Child: \_\_\_\_\_ Bd \_\_\_\_\_ M F

Child: \_\_\_\_\_ Bd \_\_\_\_\_ M F

Please List other organizations that are providing services for your family and the type of service provided:

\_\_\_\_\_  
\_\_\_\_\_

To help us serve you better please complete the following:  
(Include approx. dates for events, activities, sports, trips and lessons)

1. Family Counts provides funding for family fun events such as birthday parties, dinner out, movies, sporting events, family vacations, amusement parks, museums, date nights and help with holidays:

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2. Education Counts provides funding for school fees, school supplies, class trips, graduation needs, tutoring, computers:

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3. Activities Count provides funding for extracurricular activities such as sports, dance, theatre, music lessons, camps, traveling team, recreational center fees, clothing and gear:

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4. Faith Counts provides prayers when requested, connections to church or pastoral guidance, funds for family meals during hospital visits:

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5. Emergency Fund provides funds for gas, hospital visits, and travel expenses:

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6. Additional Comments or needs:

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1. I have attached a written document from the treating physician on his/her letterhead stating the type of illness diagnosed, the treatment prescribed and that the applicant is currently under treatment.
2. I understand that my application cannot be processed until I have completed all documentation and submitted it to The Piggyback Foundation, P.O. Box 436, Norwalk, Ohio 44857.
3. By signing below, I attest that the information provided is accurate to the best of my knowledge. I understand that the procedures for disbursement of funds do not include cash. These funds will be distributed directly to the facilities involved.
4. I understand that all funding is gifted and the amount of funding / duration of funding period is at the discretion of the board.
5. Information given on the application may be shared by the board with necessary persons, companies and organizations in order to fulfill the needs requested.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If minor, Parent /Guardian signature required)

Foundation Representative \_\_\_\_\_ Date \_\_\_\_\_

Mail your completed application to:

The Piggyback Foundation, P.O. Box 436, Norwalk, Ohio 44857

Online applications accepted/ email to [information@thepiggybackfoundation.org](mailto:information@thepiggybackfoundation.org)