



A 501(c)(3) CHARITABLE ORGANIZATION • SERVING THE CHILDREN OF COWLITZ COUNTY AND NEIGHBORING COMMUNITIES

Dear Parent,

I represent **Children's Community Resources**. One of its programs is the **Child in Crisis Fund**. This fund is intended to help children who are hospitalized out of town with serious medical conditions. Usually there are expenses not covered by insurance. Many families are aided in these times by donations from friends, family and compassionate people in the community. If these generous people also receive a tax deduction for their donation, it will be a personal benefit and may enable them to give even more. This is where Children's Community Resources can help.

Your child can be referred to this program by your doctor, school nurse, family member or by you, the parent. Once your child has been named a **Child in Crisis Fund** recipient, funds that have been collected on behalf of our community's children, and will be passed on to your family to help meet the medical costs.

Children's Community Resources is committed to serving the unmet health care needs of children in the Cowlitz County area. We were established in 2000 and depend on the generosity of private individuals, service clubs, corporations, and foundations for funds to help children with severe medical problems. We are a 501(c)(3) non-profit corporation and, therefore, able to accept donations that will qualify our donors for tax deductions.

I am enclosing an application form, a question and answer sheet about the program, and our brochure. Please know how much our community is saddened by your child's medical crisis and we hope this is one way we can provide help to your family. Our Child in Crisis nurse will call you within the next week to see if you would like to participate in the program or have questions regarding the application form. You can also call me for additional information.

Sincerely,

Phyllis M. Cavens MD
Children's Community Resources

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CHILDREN'S COMMUNITY RESOURCES

CHILD IN CRISIS FUND

Who Can Receive Funds? The child must be 0-19 years of age, live in Cowlitz, Wahkiakum or Columbia counties, have a severe medical condition, which requires prolonged care at a major pediatric medical center. The legal and custodial parent of the child will receive the funds on the child's behalf. A form will be provided to the parent to list the expenses in order to apply for reimbursement.

What Are the Eligible Expenses? In general, the funds are intended to cover expenses not covered by insurance, such as travel, housing and meals for the family. (This allows them to be with their child at the out-of-town hospital.) It may also be used for prescribed medical equipment and medications, plus insurance premiums, co-pays and deductibles.

How Does CCR Help with Your Child's Expenses? CCR appeals to service clubs and foundations for funds. This additional money is then available to help relieve the economic burden.

How Else Can the Family Help Raise Funds? If you give CCR permission, we will help tell the story of your child's problem by talks, television and newspaper interviews. You may also be asked to participate in telling your child's story to the newspaper. No confidential aspects of your child's medical care such as your child's name, story, or photograph will be released without a signed release.

**CHILDREN'S COMMUNITY RESOURCES
CHILD IN CRISIS PROGRAM**

APPLICATION FORM

Child's Name: _____ Birthdate: _____

Parent's Name(s): _____ Date: _____

Address: _____

Phone: _____ Work Phone: _____ E-Mail: _____ Fax: _____

Medical Condition: _____

Primary Physician's Name: _____

Please describe the financial needs for which you are applying for help.

Applicant name and relation to Child in Crisis

Co-applicant name and relation to Child in Crisis

I give my permission to Children's Community Resources to use my child's story in public presentations and media stories. In addition, I give my permission to be contacted by the news media for possible interviews and photographs of my child and myself.

Applicant name and relation to Child in Crisis

Co-applicant name and relation to Child in Crisis

Disbursements must be documented in writing. A simple form must be used for each disbursement. Only authorized individuals may receive disbursements. Travel and meal allowances and disbursements will be made on the basis of recognized IRS regulations for per diem (per day) expenses, including mileage, housing and meals. Only "reasonable" expenses will be paid, which may include durable medical equipment, medical expenses, insurance co-payments, deductibles and premiums, medication, specialized clothing, meals, travel, etc. CCR may require recipients to exhaust or utilize available resources before paying some expenses (for example, Ronald McDonald House).

Children's Community Resources (CCR) will receive donations for the above child, and will account for the disbursement of those funds. Donors will be entitled to a tax deduction as a result of CCR's 501 (c)(3) status with the Internal Revenue Service.

Disbursements for the benefit of the child in crisis may exceed specific donations designated for that child,

IRS requirements, and the nature of CCR's tax-exempt status (for "unmet medical needs of children") require that disbursements only be made for charitable and unmet medical needs of children, and the family support systems necessary to meet those needs. Therefore, some requests will automatically be denied, including alcohol, tobacco and related non-essential requests.

As a result of this arrangement, and in order to maintain CCR's tax-exempt status, the following rules must apply: CCR must retain the ultimate discretion to apportion funds to various recipients. CCR must have a name and address for each donor.

Fax completed form to: 360-423-1405

Or Mail this form to:

Children's Community Resources – CHILD IN CRISIS PROGRAM
1146 – 14th Avenue, Longview, WA 98632
(360) 577-1771

**CHILDREN'S COMMUNITY RESOURCES
REQUEST FOR DISBURSEMENT FOR CHILD IN CRISIS**

Date: _____

Please disburse \$ _____ (total) for the following expenses associated with my child's care (please itemize expenses by category, for example: "\$20.00 per day for three days, for meals in Seattle during chemotherapy")

Date incurred, or To be incurred	Description or Expense	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL DISBURSEMENT REQUEST		\$ _____

I certify under penalty of perjury under the laws of the State of Washington, the funds requested in this Request will be used only for charitable and unmet medical needs of children, and the family support systems necessary to meet those needs, and will not be used for non-charitable items.

Signed this _____ day of _____, 200__, in _____, Washington.
(Day) (Month) (City)

Applicant