



Miracle for Mateo
501c3 Non-Profit
Organization
Application for
Funding & Support



Helping families manage life while they wait on their miracle.

The Miracle for Mateo Mission Statement is:

Miracle for Mateo, a registered 501c3 Non-Profit Organization, united as Team Mateo, will strive to help support and improve the quality of life for families with children who have a chronic or life threatening illness, are struggling through a lengthy hospitalization, are waiting for transplant, or are living at home on hospice care.

Please complete the following application as completely as possible, and return the parent portion (including the release form) and social worker portion together by submitting this application online or mailing to Miracle for Mateo Paredes, Non-Profit Organization, P.O. Box 101, Shiloh, NJ 08353. Should you need more information, please send an email to miracleformateo@yahoo.com or if unable to email, please text Beth Daddario at (609) 501-2328. To learn more about Miracle for Mateo, please visit our website at www.miracleformateo.org.

Miracle for Mateo looks forward to helping make this time in your life a bit more manageable and supporting you and your family in any way we can.

PARENT PORTION OF APPLICATION

Mother's Name

Permanent Address

Father's Name

Permanent Address (if not same as above)

PARENT PORTION OF APPLICATION (continued from page 1)

Who should we contact with any questions? Mom Dad

How should we contact you? Email Text Mail Facebook Phone

Phone Number(s) Cell _____ Other _____

Email(s) _____

Could Miracle for Mateo contact you on Facebook? Yes No

If yes, please provide full name on Facebook _____

Please LIKE Miracle for Mateo so that we can find and contact you more easily. Thank you.

If we need to mail something to you, which address should we use? (Please include street, apt. or room number, city, state and zip code.)

Are you currently staying at the Ronald McDonald House? Yes No

If yes, at which Ronald McDonald location are you residing. _____

Is either parent unemployed at this time? Yes No Both

Is either parent currently working? Yes No Both

What languages are spoken in the home? English Spanish Other _____

Religion _____

Child's Name _____ **Ethnicity** _____

Child's Date of Birth _____ **Child's Place of Birth** _____

Is the child hospitalized at this time? Yes No

Name of Hospital _____ **Unit** _____

How long has the child been hospitalized? _____

What is the child's current diagnosis? _____

PARENT PORTION OF APPLICATION (continued from page 2)

Is the child covered under health insurance at this time? Yes No

Does the child have any siblings? If so, please list names and ages of siblings below.

Who is your social worker? (Please list first and last name) _____

Have you ever held a benefit dinner or event to raise funds for your family? Yes No

Please indicate how Miracle for Mateo could best help you and your family at this time.

_____ Assist you with a fundraiser to benefit your family

_____ Childcare Expenses*

_____ Personal items

_____ Paying a utility bill*

_____ Hospital Cafeteria Meals

_____ Travel Expenses*

_____ Prayer

_____ Other _____

Do you prefer a check or VISA gift card? check _____ VISA gift card _____

**NOTE: If you are requesting assistance with a utility bill, travel expenses, childcare, or personal items, Miracle for Mateo will need to know where you shop for personal items, where you purchase gas and if you primarily need hospital cafeteria gift/meal cards. In order for us to pay a bill, we need to know the account number, the name of person on the account, the amount of the outstanding bill and a phone number for the company needing payment (if at all possible).*

Please explain how your current situation has affected your family, and what your greatest needs are at this time. Thank you.

PARENT PORTION OF APPLICATION (continued from page 3)

Note: If you are submitting this application on line, please note that by submitting your application online, Miracle for Mateo will consider these forms signed and authorized.

Signature of Mother

Signature of Father

Date _____

NOTE TO PARENTS:

If you will be mailing in your application, please read and sign the Release Form on the following page. Thank you.

If you are submitting this application on line, please note that by submitting your application online, Miracle for Mateo will consider these forms signed and authorized.



Miracle for Mateo Paredes
501c3 Non-Profit Organization
Release Form



Could you please send a picture of your child to Miracle for Mateo? Yes No

Please email a picture to miracleformateo@gmail.com if at all possible. Thank you.

Does Miracle for Mateo Non-Profit Organization have your permission?

- To use any information provided in this application or information discussed throughout the exploratory process as a means to determine whether Miracle for Mateo will support your family at this time. Yes No
- To use parent's names, children's names, the experiences/situations described within the application and/or any photographs taken by Miracle for Mateo or provided by the applicant for promotional pieces published by Miracle for Mateo. Yes No
- Do you agree to write a letter of acknowledgement to Miracle for Mateo if we are able to assist you and your family through this difficult time? Yes No

Please sign below if you release Miracle for Mateo Non-Profit Organization and its affiliates from any and all claims for damages, slander, invasion of privacy and/or any other claims resulting from or based on the use of your name(s), photograph(s) and/or testimonial(s).

I hereby represent that I am of full legal age and have every right to contract in the above regard. I hereby represent that this Release Form and Authorization has been fully explained to me and I fully understand the Application for Funding and Support and the Release Form.

Parent(s) Signature(s) _____

Print Name(s) _____

Date _____

Please either submit online or return to
Miracle for Mateo, P.O. Box 101, Shiloh, NJ 08353.

Thank you.



Social Worker and/or Child Life Specialist Portion

Application for Funding and Support

Please complete this portion so that Miracle for Mateo Non-Profit Organization is able to gain an understanding of the child's current diagnosis and prognosis, as well as how the child's illness and/or hospitalization have impacted the family. Please either submit online or return to Miracle for Mateo, P.O. Box 101, Shiloh, NJ 08353. Thank you.

Today's Date _____ Hospital _____

Name of Social Worker _____

Address _____

Phone Number _____

Email _____

Child's Name _____

Date of Admission _____ Date of Birth _____

Health Insurance Provider _____

Child's Primary Medical Diagnosis _____

Date of Diagnosis _____

Child's Primary Physician _____

Is child currently in a private room or in a pod? Private Room Pod Other

Chaplain _____

SOCIAL WORKER/CHILD LIFE SPECIALIST PORTION OF APPLICATION
(continued from page 6)

(Please feel free to attach a typed letter or document.)

Please describe the child's treatment up to this date and his or her current status.

Please explain how the family has been affected by this situation.

Please provide any additional information below.

If you are submitting this application on line, please note that by submitting your application online, Miracle for Mateo will consider these forms signed and authorized.

Social Worker's or Specialist's Printed Name _____

Social Worker's or Specialist's Signature _____

Date _____

Please submit online at www.miracleformateo.org or return to
Miracle for Mateo, P.O. Box 101, Shiloh, NJ 08353. Thank you.