



Team Bradley Bear Foundation

The mission of the **Team Bradley Bear Foundation**, a pending 501 c(3) EIN, 81-4212162, is to provide support for children like Bradley and their families, to keep alive the memory of Bradley, and to fight for a cure for pediatric brain cancer.

The **Team Bradley Bear Foundation** supports pediatric children and families who are faced with a life-threatening illness including ATRT, medulloblastoma, or similar brain tumors and strives to find a cure for the disease through research.

The **Team Bradley Bear Foundation** was created in honor of Bradley Lucas's fight with brain cancer at the young age of 3 ½ months. Bradley was just 3 ½ months old when his parents rushed him to the hospital after he became unresponsive in the Fall of 2012. After only a few hours of testing, doctors discovered he had a rare brain tumor (ATRT). In the 9 months ahead, Bradley underwent multiple surgeries, chemotherapy treatment, physical, occupational and speech therapy at Phoenix Children's Hospital.

Despite multiple treatment plans and his family's unconditional love, Bradley lost his battle to brain cancer just a few weeks after he turned one. (August 9, 2013)

In memory of Bradley, his family created **Team Bradley Bear Foundation**.

The **TBB Foundation Financial Assistance Program** provides financial assistance to families with financial needs resulting from expenses associated with their child's brain tumor treatment and other pediatric cancers.

The financial assistance is for children and families battling a form of brain cancer or other pediatric cancers and must meet the following criteria:

1. The patient must be a child. (defined as a person under the age of 18 at the time of diagnosis.)
2. The patient must be undergoing treatment for a brain tumor or other pediatric cancer within the United States.

**The Team Bradley Bear Foundation Financial Assistance Program supports pediatric children faced with a brain tumor as first priority, and other pediatric cancers as a second.*

Financial assistance is limited and based on availability. Applications will be processed in the order received. All information is strictly confidential. Once reviewed, the Team Bradley Bear Foundation will contact the person requesting assistance. In order to receive assistance for specific requests, (bills, child care, treatment, etc.) a copy of specific bills is necessary.

Team Bradley Bear Foundation 10645 N. Tatum Blvd. 200-253 Phoenix, AZ 85028

info@teambradleybear.com



Team Bradley Bear Foundation Financial Assistance Program

TBB FINANCIAL ASSISTANCE APPLICATION REQUEST FORM

Instructions: Please complete the attached form and mail or email all documents to the address listed below. If mailing, please complete in blue or black ink.

APPLICANT INFORMATION

Name: _____ DOB: _____
Last First M.I. Mon. / Day / Year

Address: _____
Street Address Apartment/Unit #
City State Zip Code

Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION

1) Name: _____ DOB: _____
Last First M.I. mm / dd/ yyyy

Relationship to the Patient: _____

Phone: _____ Email: _____

2) Name: _____ DOB: _____
Last First M.I. mm / dd/ yyyy

Relationship to the Patient: _____

Phone: _____ Email: _____

Is address the same as the Patient? YES NO

If NO, please provide address: _____

Marital Status of Parents/Guardians: MARRIED SINGLE DIVORCED OTHER

If Divorced, who is the Custodial Guardian of the Patient/Child? _____

Do Guardians speak English? YES NO If NO, what is the primary language? _____

Number of Children (please include their names and ages): _____

ASSISTANCE REQUESTED

Please check what type of assistance is needed at this time. If the request is to pay a bill, please include a copy of the bill to be paid. If the request is for Grocery or Supplies, indicate below your desired store.

Grocery Supplies Bills Child Care
 Treatment Health Insurance Premiums Treatment Related Expenses Other

Please describe how this assistance will help your family.

HOUSEHOLD INCOME

Total Annual Family Income: _____

Family Income Sources (Check all that apply):

Salary SS Child Support Other

1) Guardian's Employer (Name and Address):

Is Parent/Guardian on Unpaid Leave? YES NO

2) Guardian's Employer (Name and Address):

Is Parent/Guardian on Unpaid Leave? YES NO

How much has the family collected in monetary donations and/or fundraising? _____

If you have an active donation site, please list the URL here: _____

MEDICAL INFORMATION

Referring Hospital: _____

Social Worker: _____

Diagnosis: _____

Date of Diagnosis: _____ # of relapses: _____

Date(s) of Relapse (mm/dd/yyyy): _____

*A letter from a social worker, nurse, or doctor explaining the child's diagnosis, family situation, and treatment plan is MANDATORY and must be sent via email or mail to the TBB Foundation. This must be received in order for application to be complete.

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INSURANCE INFORMATION

Does Patient have Health Insurance? YES NO

If Yes, please indicate what type of insurance (check all that apply):

Private Medicaid Medicare Other, please specify. _____

Is there a secondary insurance plan? YES NO

Is the applicant covered by state funding insurance plan? YES NO

FUNDING PROCEDURES

Team Bradley Bear Foundation will contact you by phone or email once the completed application has been received and reviewed to determine if you qualify and have been selected to receive funding. You may apply annually.

AUTHORIZATION

I authorize that the information provided in this application is true and correct as of the date set forth and that any intentional misrepresentation of the information contained in this application will result in loss of current and future financial assistance from the Team Bradley Bear Foundation.

Parent/Guardian Signature: _____

Date: _____