CARE FUND

We care for your home, while you care for your family

Medical Verification Form

This form must be completed by the child's Primary Care Physician or Hospital Social Worker and must be received in conjunction with the Mortgage and Rent Assistance Application.

OUR MISSION

To financially and resourcefully support Arizona families who endure financial hardship while experiencing extended illness or injury of a child. Care Fund provides mortgage or rent assistance during a child's extended health crisis.

Child's Name (affected by illness or injury): _____

Child's Date of Birth: _____

Child's Current Condition: Stable Critical Declining Other

The child's diagnosis is as follows (please provide as much detail as possible):

_____

_____

_____

_____

What is the potential outlook for the next 6-9 months for the child (inpatient or outpatient treatments, rehab, hospitalization, surgery)?

_____

_____

_____

_____

What is the expected duration of the hardship? (circle one) *0-1 2-3 4-5 6+ months*

Why are you recommending this family for Care Fund assistance?

_____

_____

_____

_____

The undersigned hereby certifies (please check all that apply):

- ☐ That I am duly licensed by the State of Arizona to practice medicine.
- ☐ That I am a Hospital Social Worker involved in the treatment of the child named above.
- ☐ That I am the Primary Care Physician involved in the treatment of the child named above.
- ☐ That I understand that the foregoing certification is required by Care Fund in order for the child and child's family to be considered eligible for housing expense assistance.

Name and professional designation of individual completing this verification:

_____

Hospital Affiliation(s): _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Address: _____

Additional Comments:

_____

_____

_____

I acknowledge and certify the information I have provided on this Medical Verification Form.

Please sign and date below:

_____

Signature Date

Please return this form directly to Care Fund for the family's application to be considered:

Fax to: 480.223.6311 or Email to info@thecarefund.org

Care Fund is a 501(c)(3) organization, Tax ID# 80-0563472
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