



11102 Sunrise Blvd. E., Suite 112, Puyallup, WA 98374

www.TheTearsFoundation.org

Request for Assistance
The Charlie & Braden Project
(1 year – 12 years)

Today's Date: Date of Service State of Residence:

Child's Full Name: Gender: Male Female

Birth Date & Time: Death Date & Time: Age at time of death:

Cause(s) of Death: Homicide, Suicide, Accident, or Sudden Unexplained Death of a Child(please specify)

List specifics if known

If homicide, has family applied for Crime Victims assistance? Yes No

List any GoFundMe page links current amount raised

Servicing Hospital / Medical Examiner:

Child's Ethnicity for Statistical Purposes: (circle one) Caucasian Asian Hispanic African-American Native American Pacific Islander Middle Eastern Other Mixed or Bi-racial (please specify)

Name and phone number of person making funeral arrangements for the child:

Person making arrangements relationship to the child:

Mother's Full Name: Age

Email:

Mother's Address:

City: State: Zip: County:

Mother's Home Phone #: () Cell #: ()

Mother's Income: \$ (circle one) annually / monthly / hourly

Mother's Employer: Employer Ph. #: ()

Father's Full Name: Age

Email:

Father's Address (if same write "same"):

City: State: Zip: County:

Father's Home Phone #: () Cell #: ()

Father's Income: \$ (circle one) annually / monthly / hourly

Father's Employer: Employer Ph. #: ()

Annual Household Income: \$0-\$16,000 \$16,000-\$32,000 \$32,000-\$65,000 \$65,000+ (circle one)

(Financial Assistance is for low income families. Families with high incomes must list extenuating circumstances to be considered for approval.)

Does the family receive State Assistance, SSI, Medicaid, Food Stamps?



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Marital Status: (circle one) Single-Living Together Single-Not Living Together Married Divorced Separated

Military Status? (circle one) None Active Duty Reserve or National Guard Retired Former Service Member (non-retired)

Names & Ages of Children in home _____

Preferred spoken and written language: _____

This is a need based application and to be used when all other options are exhausted. Please review this list for other resources that may be available to assist with your child's funeral expenses. The TEARS Foundation expects each of these areas to be explored prior to applying for assistance through The TEARS Foundation.

- State Assistance • Family/Friends, Co-workers, • Crime Victims
• Tribal affiliation • Employer • GoFund Me Page
• Religious Affiliation • Military dependent
• Hospital Foundation • Personal Savings/Credit Card

WE CANNOT REIMBURSE FUNDS BACK TO FAMILIES. TO EXPEDITE, PLEASE CALL (253)200-0944

Signature _____ Date _____

Please submit application within 30 days of services to be considered for assistance. For additional submission guidelines, please reference submission guidelines at www.thetearsfoundation.org or call (253) 200-0944.

Name of Funeral Home: _____

Full Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Name of Funeral Director: _____ Amount Requested: _____

Burial _____ Cremation _____

Name, address and phone number of place of interment: _____

Was there a balance left for funeral costs, beyond what TEARS is paying for? Yes No (please circle one)

If yes, please list the amount and items remaining for payment, and how the balance is being paid for.

We are accepting completed applications via the following methods:

Fax: 253-848-0299 E-mail: office@thetearsfoundation.org Mail: 11102 Sunrise Blvd E, Suite 102 - Puyallup, WA 98374