

This gives Hunter's Army a better understanding on how we can make a personalized plan for your family. Thank you for taking the time to complete it.

**SUPPORT APPLICATION**

Who is completing this application? (Please choose one & provide contact information)

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Caretaker \_\_\_\_\_ Healthcare worker \_\_\_\_\_ Oncology social worker \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

(If not parent or guardian, do you have permission from the family to submit on their behalf?) \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name preferred (i.e. nickname): \_\_\_\_\_  
Birthdate (mm/dd/yyyy): \_\_\_\_\_  
Gender: \_\_\_\_\_  
Ethnicity (optional): \_\_\_\_\_  
Language preferred: \_\_\_\_\_  
If child is over 19, is he/she living at home? \_\_\_\_\_  
Cancer diagnosis: \_\_\_\_\_  
Treatment prognosis: \_\_\_\_\_

**CHILD INFORMATION**

Mother/Guardian  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Father/Guardian  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Caretaker (if applicable)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Is guardian a grandparent or foster parent? \_\_\_\_\_  
Number of children in family? \_\_\_\_\_  
Names and ages: \_\_\_\_\_

**FAMILY**

Primary Address: \_\_\_\_\_  
Are primary and mailing address the same? \_\_\_\_\_  
If not, please list mailing address. \_\_\_\_\_  
Primary phone number: \_\_\_\_\_  
Primary e-mail address: \_\_\_\_\_

**CONTACT**

Please read and initial.  
If granted assistance from Hunter's Army, do you agree to keep specific dollar amounts given to your family confidential? This protects the privacy of both your family and Hunter's Army. \_\_\_\_\_

If granted assistance from Hunter's Army, do you agree to disclose additional information (i.e. a medical invoice, a cell phone bill, a utility statement) to Hunter's Army to verify dollar amounts needed by the family? \_\_\_\_\_

If granted assistance from Hunter's Army, do we have your permission to use your family's story and pictures through our promotional platforms? We will contact you for each opportunity and you deserve the right to decline at any time. \_\_\_\_\_



Hunter's Army, Inc. is a Section 501(c)(3) making a difference in Yuma, Arizona.