

ON EDEN'S WINGS FOUNDATION



On Eden's Wings Foundation strives to help local families and/or organizations with infant related matters. Families eligible for assistance include, but are not limited to, pregnancy concerns, prolonged hospital stays or financial hardship due to premature births, as well as infant mortality.

Guidelines for Assistance

- *Assistance is not guaranteed.
- *Assistance is limited to once every six months.
- *Recipient must be under 1 year of age.
- *We do not provide assistance for day to day living expenses, or reimbursement of bills that have already been paid.
- *Application must be signed by or accompanied by a letter from a medical professional.
- *Approval of assistance, as well as the type of assistance, is based on availability of funds and board approval.
- *At least one adult member of the household must be documentably employed.
- *Must be a legal resident of the United States.

I authorize On Eden's Wings Foundation to share all the information contained in this application with the board, solely to determine my eligibility for assistance. This information will not be shared outside of the board members.

(Signature)

(Date)

All applications will be reviewed by the board as time allows. A Foundation representative will respond to you advising you of our decision, once your application is reviewed.

Name _____

Address _____

City _____

State _____

Zip Code _____

Cell Phone _____

Other Contact Number _____

Email _____

Names of people residing in your household	Relationship to you	Employment status

Please list all types of assistance you currently have or have applied for including but not limited to, public housing, TANIF, fundraisers, go fund me pages, etc

Please give a brief description of your current situation and what treatment and hardships you are facing.

Please give a description of the type of assistance you are requesting.

If you are traveling to appointments related to this incident, please indicate how often you are traveling each month, and the mileage per round trip.

What mode of transportation do you use? _____

How did you hear about On Eden's Wings Foundation? _____

Return completed application to: edenswings829@gmail.com

Or mail to: 2381 N State Road 550

Vincennes, IN 47591