

APPLICATION FORM FOR FINANCIAL SUPPORT BY "Help! - Wir helfen! e.V."



help@help-wirhelfen.de

"Help! - Wir helfen! e.V." is a non-profit organization based in Germany. The organization helps in individual projects (cases) especially when young and growing children need urgent medical treatment (operations/medicine) and neither the social system of their home country nor their own families can afford the cost.

The principle: Give help to help themselves.

This application form is valid 6 months starting from the undersigned date.

1. Conditions of financial support

- 1.1 Application form for financial support
- 1.2 Photos of the patient before and after the treatment
- 1.3 Rights to use the photos of the medical treatment and healing process for advertising purposes of the organization "Help! - Wir helfen e.V."

2. Details of the patient

		yrs old	
Family name, Given name	Date of birth	Age	Profession (voluntarily)
	<input type="checkbox"/> female <input type="checkbox"/> male		
Country / Place of birth	Sex	Telephone number (voluntarily)	
Address: Country / Postal code / Town / District / Street			

► In case of minor patients, details of parents or legal representative

<input type="checkbox"/> Father <input type="checkbox"/> Mother			
		yrs old	
Family name, Given name	Date of birth	Age	Profession (voluntarily)
Email address (voluntarily)	Telephone number (voluntarily)		

2.1 Siblings

Name of siblings	Age	Education	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of siblings _____

3. Diagnosis and medical treatment

3.1 Details of medical conditions

- a) _____
b) _____

3.2 Therapy / medical treatment

- a) _____
b) _____

3.3 Estimated costs of therapy / medical treatment

- a) _____
b) _____

3.4 Insured

- no yes - The insurance assumes the amount of
- Other organizations / friends assume the amount of

3.5 Application to "Help – Wir helfen e.V." for assuming a total amount of

3.6 Contact address

Hospital ward | _____
| _____
Attending doctors | _____
| _____

4. Proof of economic necessity

- 4.1 Annual income of the patient / family
4.2 Extraordinary medical expenses of the patient

5. Declaration of treatment financing

I hereby declare that the requested amount of financial support is not exceeding the total cost of the treatment.

The application form is submitted by _____
Name of the partner of "Help! - Wir helfen! e.V."

The estimated medical cost is quoted and proves that the patient / his family need financial support. I assure the quoted information is correct to my best knowledge.

Date Sign of the patient or parents / legal representative

Date Sign of the partner of "Help! - Wir helfen! e.V."

6. Photo release approval form

I, _____ on behalf of the beneficiary / patient _____

hereby give "Help! - Wir helfen! e.V." the absolute and irrevocable right and permission, with respect to the photos taken of me / the patient by "Help! - Wir helfen e.V." employees, volunteers (doctors / professionals) or photos I have handed over to them and are in their possession:

- a) To copyright the same under its own name or any other name it may choose
- b) To use, reuse, publish and / or re-publish the same in whole or in any part, individually or in conjunction with other photos, in any medium and for any purpose, including (but not limited by) illustration, promotion and / or advertising; and
- c) To use my name / beneficiary's connection with the publication if they so choose.

I hereby release and discharge "Help! - Wir helfen! e.V." from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of the "Help! - Wir helfen! e.V." as well as the person/s or entity/ies who took the photographs.

I have read, understood and accepted the contents of this document.

_____	_____	_____
Date	Witness signature	Beneficiary signature (legal representative if minor)
_____	_____	
Legal relationship to the beneficiary	Beneficiary address	