



Application for Assistance

Return to Life provides support in the form of grants to lessen the impact of financial consequences of cystic fibrosis on families in the Northwest.

Please provide the following information.

Name: _____

Address: _____

Email: _____

Phone: _____

Cell phone: _____

If under 18, please complete contact information for parent/guardian.

Parent/guardian name: _____

Address: _____

Email: _____

Phone: _____

Cell phone: _____

Please provide the following medical information.

Medical diagnosis: _____

Medical history of illness (*attach additional sheets if needed*):

Please provide the following insurance information.

Do you have health insurance (*check one*)? Yes No

Type/carrier: _____

Deductible: _____

Please list any additional insurance:

Summary

Please include any other information you would like Return to Life to consider (*attach additional sheets as needed*).

Declaration

I verify that the information provided is accurate to the date of signature. I understand that the board of Return to Life makes all grant decisions and that the decisions of the board are final. I will provide any additional requested documentation to the board to assist in grant determination. I understand





that if I am unwilling or unable to provide additional information, the board may not be able to process my application. This document does not imply a contract or promise of support in any way. Return to Life reserves the right to change or discontinue support at any time.

signature

date

parent/guardian signature

date

Submission

Please send the completed application to *Cystic Fibrosis Northwest, 120 State Avenue NE, #303, Olympia, WA 98501*, or by email to *info@cysticfibrosisnw.org*.

