



Children's Funeral Foundation of Florida, Inc.
Assistance Application

P.O. Box 356, Goldenrod, FL 32733 (352) 877-KIDS
www.childrensfuneralfoundation.org

Today's Date: _____ State of Residence: _____ (Proof of FL residency is required)

Deceased Child's Full Legal Name: _____

Gender: _____

Birth Date & Time: _____ Death Date & Time: _____

Age at time of death: _____

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

List specifics if known: _____

If homicide, has family applied for Crime Victims/Victims Advocate assistance? Yes or No (circle one)

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) _____

Is Child a U.S. Citizen? (circle one) YES or No (Child must be a U.S. Citizen to qualify for assistance)

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

Person making arrangements relationship to the child:

Mother's Full Name:

Age: _____

Mother's Email:

Mother's Address:

City: _____ State: _____

Zip: _____

County: _____

Mother's Home Phone #: (_____) _____

Mother's Cell #: (_____) _____

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

Mother's Employer:

Employer Ph. #: (_____) _____

Father's Full Name:

Age: _____

Father's Email: _____

Father's Address (if same as Mother's, write "SAME"):

City: _____ State: _____

Zip: _____ County: _____

Father's Home Phone #: (_____) _____



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Father's 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 (please specify)?

Marital Status of child's parents (circle one): Single-Not Living Together Single-Living Together Married
Divorced Separated

Military Status (circle one): None Active Duty Reserve National Guard Retired

Former Service Member (non-retired)

Names & Ages of other children in the home:

Preferred spoken and written language:

Name of Funeral Home (if already chosen):

Full Address:

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Funeral Home Email (if known):

Name of Funeral Director assisting with arrangements:

Amount Requested: _____

Burial or Cremation: _____

Name of Place of Interment (if applicable):

Address of Place of Interment:

Phone Number at Place of Interment:

If applicable, representative at place of interment assisting family
(Cemetery counselor, Cemetery sexton, etc.):



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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 Children's Funeral Foundation of Florida, Inc. expects each of these areas to be explored prior to applying for assistance through our foundation.

- State Assistance
- Religious Affiliation
- Hospital Foundation
- Family/Friends, Co-workers, Employer
- Military dependent
- Personal Savings/Credit Card
- 401K Plans
- Victims Advocate
- Tribal Affiliation

By signing this application, I agree that I have submitted valid and truthful information in this application to the Children's Funeral Foundation of Florida, Inc.

Signature: _____

Printed Name: _____

Date: _____

The request for assistance should be made immediately after the death has occurred, as our staff is here to help the family make the funeral arrangements with the funeral home and/or cemetery, and guide them through this difficult process. WE DO NOT REIMBURSE FAMILIES DIRECTLY. The family will be required to provide CFF with a certified copy of the death certificate (without the cause of death) to complete the assistance process.

Before submitting this application, please reference our CFF Eligibility Requirements document. For questions, please view our website at www.childrensfuneralfoundation.org or call us at (352) 877-KIDS.

We are accepting completed applications via the following methods:

Scan and email to: LeighCFFoundation@gmail.com or Mail: P.O. Box 356, Goldenrod, FL 32733

Below is for OFFICE USE ONLY:

Date Application Approved: _____ **Date Death Certificate Received:** _____

Date/Time of Funeral Services: _____