



Healing the Children - Northeast, Inc.
219 Kent Road, Suite # 20
Post Office Box 129 • New Milford, Connecticut 06776
(860) 355-1828 t (860) 354-6634 f www.htnce.org

Este formulario tambien esta disponible en Espanol. Para obtenerlo, por favor llame al numero arriba.
This application is also available in Spanish. Please call the above number to receive a copy.

=====

Child's Name:		Gender: M or F
Street:		
City:	State & Zip	
Email Address		
Birthdate:		
Telephone:	Cellular	

MEDICAL INFORMATION

Medical Diagnosis	

PLEASE LIST THE CHILD'S DOCTORS INFORMATION BELOW.

Doctor:	
Specialty:	
Address:	
Telephone:	
Doctor:	
Specialty:	
Address:	
Telephone:	
Doctor:	
Specialty:	
Address:	
Telephone:	

PARENT/GUARDIAN FINANCIAL INFORMATION

Mother's Name			
Address			
City		State & Zip	
Telephone		Cellular	
Name of Employer			
Employer Address			
City		State & Zip	
Telephone			
Total Monthly Income			

Father's Name			
Address			
City		State & Zip	
Telephone		Cellular	
Name of Employer			
Employer Address			
City		State & Zip	
Telephone		Cellular	
Total Monthly Income			

List other people living in the household

Name: _____ Age _____ Relationship _____
 Name: _____ Age _____ Relationship _____
 Name: _____ Age _____ Relationship _____
 Name: _____ Age _____ Relationship _____

MONTHLY INCOME from OTHER SOURCES:

Child support/Alimony income	\$
Social Security	\$
SSI	\$
DSS Income	\$
Unemployment Compensation	\$
Worker's Compensation	\$
Veteran's Benefits	\$
Pension's	\$
Other (specify)	\$
Total	\$

Please provide a copy of the parent's most recent income tax return (s), the most recent (4) employment pay stubs (for each place of employment), and a copy of one month's bills.

Applications will not be processed unless we receive this information and accompanying receipts. Thank you.

Mail application and receipts to:

Healing the Children-NE, Inc.
 PO Box 129
 New Milford, CT. 06776
 (860) 355 -1828 t
 (860) 350 -6634 f

You will be notified when your application is accepted and approved by the Board of Directors.

Residents of Connecticut - If the child is uninsured, have you applied for coverage through the Connecticut Husky Program	Date:
If refused, why?	

How did you hear about the Domestic Kids Program of Healing the Children, Northeast?

By signing below, I attest that all the information provided is complete and accurate to the best of my knowledge. I agree to promptly notify the office of Healing the Children, Northeast in the event of any changes in income, medical insurance, or residence.

Signature _____ Date _____

Office Use Only:

Received By:	Date:
Date Submitted for Review:	
Approved: Y or N	Date Approved
Reason if Denied	