

Valley with a Heart Benefits



We do it for kids
www.valleywithaheart.com

Valley with a Heart Benefits
of the Luzerne Foundation
7 Alden Road
Nanticoke, PA 18634

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APPLICATION FOR BENEFITS

Child's name: _____ Date of application: _____

Age: _____ Date of Birth: _____ Sex: _____

Child's illness or condition: _____

Parents (or Guardian): _____

Address (where child resides): _____

Telephone: _____ E-mail: _____

Child's Doctor: _____

Address: _____

Telephone: _____

Do you travel outside of the area for Doctor visits and/or treatment? _____

If yes, to what area do you travel? _____

How can VWHB assist your family? (Please be as specific as possible. IE: travel expenses, hospital or doctor bills, medications, household expenses, etc.): _____

Person submitting application (if not child's parent or guardian): _____

Relationship to child: _____

Doctor's verification:

I verify that the above named child is under my care.

Sign: _____ Date: _____