



Thank you for contacting Children's Miracle Network Hospitals at Via Christi Health regarding assistance for your child. In order to process your application, we ask that you complete and return all the information from the enclosed packet to our office.

Please use the checklist below to ensure you have returned to us all the necessary information to process your application.

CHILDREN'S MIRACLE NETWORK HOSPITALS APPLICATION CHECKLIST:

- Completed application
- Completed and signed W9 form.
 - Please complete with information of person who check should be made payable to for reimbursement.
- Letter of medical necessity (to be obtained from your Via Christi physician or provider)
- Appointment confirmation if requesting travel reimbursement
- Invoice or receipts, required for reimbursement

You may return your application documents by using fax, standard, or electronic mail to the appropriate address listed below. All applications are reviewed the third Wednesday of each month. **Please allow up to six weeks for processing following funding meeting.**

If you have any questions or need assistance in completing the application, please contact:

Andrew Malone-Carter
929 N St Francis
Wichita, KS 67214

Phone: 316-268-8519
Fax: 316-268-8539
E-mail: andrew.carter@ascension.org



...because your life matters



Children's Miracle Network Hospitals

Individual Assistance Request Form

Date _____ Form Completed by _____

Child's Name _____ DOB _____ Age _____ Gender _____

Parent's Name _____ Phone _____

Address _____ City _____ Co. _____ Zip _____

Email address: _____ Parent Employer _____

Diagnosis: _____

Primary Care or Referring Via Christi Physician: _____

Statement of Need &/or Services: _____

Amount Requesting: _____ Check Payable to: _____

Who is your insurance provider/does your child receive Medicaid or Kancare benefits? _____

Have you contacted other resources on the attached list? Please list: _____

May CMN and/or Via Christi Marketing & Communications contact you to share your story? _____

- For equipment, include a vendor's estimate and a statement from a medical professional detailing need.
- For prescriptions, include a copy of the prescription and a pharmacy name and location.
- For travel reimbursement, include receipts for gas purchases and a statement from a medical professional.
- For any other requests, please contact Maxine Berry with questions.

Return request to: Andrew Malone-Carter
929 N St Francis
Wichita, KS 67214
316-268-8519 Phone
316-268-8539 Fax

There is no guarantee that your request will be granted. All decisions will be made at the discretion of the committee.

Do Not Write Below This Line

Referral received by _____ Date _____

Denied _____ Approved _____ Amount _____ New Applicant? _____

Why was request denied? _____

Date of Participation _____ Year to Date Amount _____

KW _____

MG _____



Alternate Funding Resource List:

First Hand Foundation

2800 Rockcreek Parkway
Kansas City, MO 64117
(816)201-1569
www.firsthandfoundation.org

Friends of Man

Medical equipment, wheelchairs, prosthesis
Applications submit by referring professionals ONLY
Phone: (303) 798-2342
www.friendsofman.org

Independence Inc.

Assistive Technology Grant Program (up to \$2,000, not to exceed 50%)
Mary Ann Newton - mnewton@independenceinc.org
(620)341-9002
215 W 6th #105A
Emporia, KS 66801
www.independenceinc.org/assistive-technology/

Jones Foundation

(Coffey, Lyon, and Osage county residents only)
Focus on dental, eye exams/glasses, hospital services, mental health, orthodontics
(620)342-1714
2501 W 18th Ave, Suite D
Emporia, KS 66801
www.jonesfdn.org

Kansas Society for Children with Challenges

Katherine Winneger
(800) 624-4530
100 N Main St., Ste 1002
Wichita, KS 67202
www.kansasociety.org

United Cerebral Palsy of Kansas

Dave Jones, Executive Director
davej@ucpks.org
(316) 688-1888
5111 E 21st St N
Wichita, KS 67208
www.ucpks.org

United Healthcare Children's Fund (UHCCF)

Children 0-16, must be covered by a commercial health insurance plan.
Income based – see chart on website
www.uhccf.org