



# Martina's Wish Foundation Inc.

Support for NICU families

## NICU FINANCIAL SUPPORT PROGRAM APPLICATION

Please complete the following questions. Return your completed Application to your NICU nurse, social worker/case manager (if applicable) or email it to [martinaswish@gmail.com](mailto:martinaswish@gmail.com). Please read the Program Guidelines on the back side of the Application for more details.

Applicants Name: Mr. Mrs. Ms. \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 1. BIRTH AND NICU DATA:

Infant(s) Name(s): \_\_\_\_\_ Infant(s) DOB: \_\_\_\_\_

Gestational Age at birth: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Reason for NICU admission (if 37 weeks or more):  
\_\_\_\_\_  
\_\_\_\_\_

### 2. FAMILY AND FINANCIAL INFORMATION:

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Other: \_\_\_\_\_

Number of children at home: \_\_\_\_\_ Children's ages: \_\_\_\_\_

Do you receive public assistance (disability, worker's compensation, etc)? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you receive Medicaid or WIC? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have private medical insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you received financial support from any other Organizations or Programs regarding your baby's NICU stay? YES \_\_\_\_\_ NO \_\_\_\_\_

Family's average monthly income (take home pay) (Optional) \$ \_\_\_\_\_

Other Family considerations: \_\_\_\_\_

### 3. REQUESTED SUPPORT: (Please select up to 3 categories; we will determine the amount depending on available funds)

\_\_\_\_\_ Daily Parking Passes (\$\_\_\_\_) \_\_\_\_\_ Gas Cards (\$\_\_\_\_) \_\_\_\_\_ Meal Passes (\$\_\_\_\_)

\_\_\_\_\_ Monthly Parking Pass (\$\_\_\_\_) \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Overnight Hotel Stays (if traveling \_\_\_\_\_ miles or more one way) (Maximum 2 nights)

### 4. CERTIFICATION & SIGNATURE: I certify that the above information is accurate.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

## FINANCIAL SUPPORT PROGRAM GUIDELINES

### A. WHAT IS MARTINA'S WISH FOUNDATION?

Martina's Wish Foundation is a nonprofit 501(c)(3) New Jersey charity dedicated to helping families in need with premature and seriously ill babies hospitalized in the NICU. Founded by a mom who experienced four frightening months in the NICU with her son Dion Jr. as well as the loss of Dion's twin sister Martina Lyn. We personally know how emotional, isolating, stressful and expensive a NICU stay can be. Martina's Wish Foundation raises money through individual, corporate donations, fundraisers, and sponsorships to help fund its programs.

### B. WHAT SUPPORT DOES MARTINA'S WISH FOUNDATION OFFER?

Through our Financial Support Program (FSP), we help families pay for *non-medical expenses* typically incurred with a NICU stay, such as transportation, food vouchers, parking, gas vouchers and lodging to help ease the burden of frequent visits to see their babies. We will also help families after being discharged on an **as needed basis**. This will include help with diapers, formula, clothing for the babies and any requests made by the families within reach. **(Must submit application again to request discharge help)**

### C. WHO CAN APPLY?

Our FSP is targeted for families in financial need. If you are a parent of a baby in the NICU and are in financial need, you can submit an application.

### D. THE APPLICATION PROCESS

Martina's Wish Foundation strives to help as many families and babies in NICU as possible. With our limited budget, Martina's Wish Foundation is able to approve requests for support as our funds permit. Since each family's situation is different in its own way the type and amount of support approved can differ for each applicant.

Applications can be submitted one time per month. **Please give your completed Application to your NICU nurse, social worker/case manager (if applicable), or email it to [martinaswish@gmail.com](mailto:martinaswish@gmail.com).** Martina's Wish Foundation will review every Application it receives and approve or deny support within 2 weeks of receipt of the Application. Decisions are made exclusively by Martina's Wish Foundation and based on the following criteria:

1. Financial hardship (i.e, you receive Medicaid, WIC, workers compensation or disability, loss of job: extended NICU stay; etc)
2. Family circumstances
3. Distance of commute; and
4. Support requested

Martina's Wish Foundation will notify you of its decision by email or mail at the address specified on the Application. If we approve your Application, we will deliver your support directly to the NICU or mail it to you. You will be contacted by a member of Martina's Wish Foundation OR a hospital representative to receive your support (if applicable). All applicants can re-apply for support each month their baby is in the NICU. If you have any questions, please contact Martina's Wish Foundation at [martinaswish@gmail.com](mailto:martinaswish@gmail.com) or at (646) 246-9973.

**ALL REQUESTS FOR SUPPORT WILL BE KEPT CONFIDENTIAL AS REQUIRED BY LAW.**