

Eligibility Criteria

Cruising for Kids support program is for people who are currently receiving care for any kind of chronic illness. The applicant on this form must be between the ages of 0-18. No exceptions may be made to this guideline. You must also live in or near Redwood County.

If you have questions regarding completing this application, please reach out to Diane @ 507-829-2385.

Checklist for the Cruising for Kids application

Before submitting this application, please make sure that you have including the following required information. Failure to do so may result in a delay of support.

- Signed application
- Copies of bills: We will pay or prepay any medical, Utilities, Phone, Mortgage, Lease, Insurance Premiums, Real Estate Taxes, hotel stays during treatment, gas cards, etc. **up to \$1,500.00.**

Cruising for Kids Funds **CANNOT** be used to make credit card payments or give cash to the recipient.

EXAMPLE: You may request all funds to be paid to one company. You may also request the funds to be split. For example: \$400 for medical bill, \$600 for mortgage, and \$250 for phone, \$250 in gas cards.

Company Name: _____ Amount: _____ Bill Attached? _____

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I have read and understand the guidelines for this support application. I agree that the information on this form is fair and true to the best of my knowledge. I understand that all applications will be reviewed individually, and that the final determination will be made by the Cruising for Kids committee.

Signature: _____ Date: _____

If you have any additional information about your situation, please provide notes on a separate sheet of paper. This will help us in reviewing your application.

***Please read the eligibility criteria and entire application before completing this form.**

Date: _____ Amount Requested: _____

Patient Information:

Name: _____ Phone: _____

Birth Date: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Please Provide a Secondary Contact Person:

Name: _____ Phone: _____

Email: _____

Name of Doctor or Nurse: _____ Phone: _____

Main medical facility where you are receiving care:

Name: _____

Address: _____

Phone: _____

Send Applications to:

Redwood Area Communities Foundation

DBA: Cruising for Kids

200 South Mill Street, PO Box 481

Redwood Falls, MN 56283

-OR-

Email: programs@radc.org

wabassoroadhouse@hotmail.com



This program is designed to provide financial support for families that live in or near Redwood County that currently have a child that is undergoing treatment for any type of chronic illness.

All gifts will be paid directly to the company/business on behalf of the patient or the patient's parents when the patient is a minor.

For example:

- Mortgage Payment (or partial payment)
- Utility bills; heat, electricity, water/ sewer, waste management
- Out of Pocket Medical Expenses
- Wigs or head pieces
- Fitness Membership
- Individual or Family Counseling

CFK Funds cannot be used to make credit card payments or give cash to the patient.

CRUISING *for Kids*

Cruising for Kids is a 501c3 non-profit organization dedicated to providing supportive services to youth and their families with chronic illnesses in Redwood County.

Cruising for Kids is a subsidiary of the Redwood Area Communities Foundation, which is an IRS 501(c)(3) organization. You can find more information by visiting the RACF tab at radc.org.

All applicants are strictly confidential and only the Cruising for Kids Support Committee will have access to the name and information of the applicant