



GO BO Foundation

Family Assistance Program Application

Any family with a child diagnosed with a life-threatening medical condition may be eligible for assistance to help relieve the added financial burden that comes with treatment and care. The child's treating physician makes the determination of whether the child is medically eligible.

Eligibility criteria and details about the Program are available at www.gobofoundation.org.

Child's Name: _____

Parent Submitting Application: _____

Mailing Address: _____

City, State, Zip Code: _____

Parent's Email: _____

Parent's Preferred Telephone: _____

Explain child's medical condition: _____

Primary Physician's Name: _____

Primary Physician's Phone: _____

Name and Age of EVERYONE who lives in with the child:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Have you received assistance from the GO BO Foundation?

☐ No ☐ Yes

If yes, then when: _____

Please explain SPECIFICALLY how the GO BO Foundation can help you (example: mortgage, utilities, transportation, groceries, lodging, meals, clothing, etc) and itemize those expenses below:

First Expense

Expense or Company Owed: _____

Amount Requested: \$ _____

Frequency (monthly, quarterly, etc.): _____

Account Number (if any): _____

Company Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Explanation (if needed): _____

Second Expense (if any)

Expense or Company Owed: _____

Amount Requested: \$ _____

Frequency (monthly, quarterly, etc.): _____

Account Number (if any): _____

Company Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Explanation (if needed): _____

Third Expense (if any)

Expense or Company Owed: _____

Amount Requested: \$ _____

Frequency (monthly, quarterly, etc.): _____

Account Number (if any): _____

Company Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Explanation (if needed): _____

Applications are reviewed monthly so depending on when you apply, it could take anywhere from one to seven weeks to receive a decision.

I certify that the information provided above is true and complete to the best of my knowledge.

Name & Signature of Parent: _____

Date Submitted: _____

As an electronic signature, you may type in your name (we may confirm signature, if necessary).