



## Hope Application

Please complete this pack to the best of your ability.

*This form is also available at [www.mannarelieff.org/hope](http://www.mannarelieff.org/hope)*



Case Number (for office use only) H-\_\_\_\_\_

Your relationship to child  Father  Mother  Legal Guardian  
 Other \_\_\_\_\_

Child's Information

Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Child's Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Age \_\_\_\_\_ years \_\_\_\_\_ months

Gender  Male  Female

Weight (lbs) \_\_\_\_\_

Description of Condition

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Are any dietary supplements now being consumed by child?  Yes  No

If yes, please list which products and serving size below.

Product	Serving Size / Per Day

Is child allergic to shellfish?  Yes  No

Is child breast fed, on a bottle, or still eating baby food?  Yes  No

If yes, how often does child eat and how much? \_\_\_\_\_

Is child tube fed?  Yes  No

If yes, how often does child eat and how much? \_\_\_\_\_

### Parent / Guardian Information

Parent / Guardian First Name \_\_\_\_\_

Parent / Guardian Last Name \_\_\_\_\_

Parent / Guardian Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Best Day to Contact  Monday  Tuesday  Wednesday  Thursday  Friday

Best Time to Contact Hour \_\_\_\_\_  AM  PM



Case Number (for office use only) H-\_\_\_\_\_

### Financial Sponsor Information

Will you financially support your own child?  Yes  No

Sponsor First Name \_\_\_\_\_

Sponsor Last Name \_\_\_\_\_

Sponsor Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Financial Sponsor Payment Information

#### Credit or Debit Card

Sponsorship Options US:  \$125/month for 6 months (\$750 total)  \$750 one-time payment  
Canada:  \$130/month for 6 months (\$780 total)  \$780 one-time payment

Credit Card  Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CVV Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

#### Checks or Money Orders

Sponsorship Options US:  \$125/month for 6 months (\$750 total)  \$750 one-time payment  
Canada:  \$130/month for 6 months (\$780 total)  \$780 one-time payment

Check Number \_\_\_\_\_ Date on Check \_\_\_\_\_

### Sponsor / Coordinator Information

Sponsor First Name \_\_\_\_\_

Sponsor Last Name \_\_\_\_\_

Sponsor Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Parent / Guardian Release and Indemnification Agreement

My minor child has my permission to fully participate in MannaRelief's Hope program.

- I am aware that my child will be participating in a program which is being provided by MannaRelief, a 501(c)(3) non-profit organization.
- I am aware that the nutritional supplements being provided for use in the program are represented by the supplier to contain all natural ingredients and are not designed for use in treatment of disease or to substitute for a doctor's care or proven therapy. MannaRelief's policy prohibits the staff of MannaRelief from answering questions about personal health solutions. These types of questions must be asked of one's personal physician or other licensed, qualified health care professional who is completely familiar with the medical history, medications, and situation involved.
- Products provided by MannaRelief may only be consumed by the child enrolled and cannot be sold, exchanged, or given away. MannaRelief reserves the right to suspend or terminate services provided from any program at MannaRelief's discretion. Any unopened products should be returned to MannaRelief if not consumed by the child enrolled.
- It is recommended that the child be on the product recommendation for at least 6 months before any changes are made.
- I understand that a Progress Report is requested at the end of each 6 months which can be completed and submitted from our website at [www.mannarelieff.org](http://www.mannarelieff.org).
- To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, MannaRelief its governing board, officers, agents, suppliers and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation in the program and/or related activities, whether due to the negligence, mistake or other action or inaction of MannaRelief or any other person or entity.

I REPRESENT THAT I AM LAWFULLY ACTING IN THE CAPACITY AS THE PARENT, NATURAL OR LEGAL GUARDIAN OF THE NAMED CHILD. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INDEMNIFICATION FORM.



Case Number (for office use only) H-\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Payment Authorization

I hereby give MannaRelief permission to charge my credit card according to the conditions above. If monthly option is selected, I understand that this authorization will remain in effect until I call or send a written request to MannaRelief asking them to change or end this agreement. I also understand that giving through the automatic payment option is completely voluntary and I may change or end my participation at any time.

All donations to MannaRelief are non-refundable. Upon receipt of funds that are not designated, MannaRelief reserves the right to use those donated funds wherever necessary. If a child in the Hope program or organization in the Blessing program is inactive for a period greater than twelve months, MannaRelief reserves the right to use the funding wherever necessary. MannaRelief acknowledges all donations by email or mail, with an annual tax receipt mailed to the address provided in January of the following year. If you have any questions about your donation, contact us at 817-557-8700 or [accounting@mannarelief.org](mailto:accounting@mannarelief.org).

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_