

The Piggyback Foundation of Youngstown provides assistance to help maintain normalcy for a family experiencing serious illness. The Piggyback Foundation concentrates its efforts on meeting the needs of children.

Eligibility Requirements:

1. Applicant must provide a signed letter from their treating physician documenting the type of illness diagnosed, the treatment prescribed, and a statement that the applicant is currently undergoing treatment.

2. Recipients may receive assistance for a full calendar year (if warranted). If treatment extends beyond that time, the recipient must reapply in the month preceding the renewal date. To reapply, recipients need to submit a letter from their physician stating that treatment is still in progress and/or is starting again.

3. The below application must be submitted with aforementioned doctor’s note. A committee meets monthly and will vote on acceptance of new Piggyback recipients. Accepted families will be notified via phone call or email.

4. Financial status/need is not considered. Any family can apply to be adopted by the Piggyback Foundation.

Application Date:

**Patient Information**

Patient’s Name:  
  
Birthday:  
  
Patient’s Mailing Address:  
  
Home Phone: Cell Phone:  
  
Referring Physician/Source: Hospital/Organization:  
  
Diagnosis: Date of Diagnosis:

Page **1** of **2**

**Family Information: Please pertinent information for all family members who permanently reside in the home:**

Name Birthday Age Parent/Child/Other (circle one)  
   
Name Birthday Age Parent/Child/Other (circle one)  
  
Name Birthday Age Parent/Child/Other (circle one)  
  
Name Birthday Age Parent/Child/Other (circle one)  
  
Name Birthday Age Parent/Child/Other (circle one)

**Program Interest**: **Please mark those programs below that interest you and your family. Please do not hesitate to include any and all services that can be useful! We are here to help!**

Family Counts – Family togetherness activities such as dinners, movies, bowling, amusement parks, special occasions etc.  
\_\_ Dinner & Movie Night \_\_Sporting Event tickets \_\_Birthday/Graduation Parties  
  
\_\_Zoo/Museum Tickets \_\_Family Meals @ Hospital \_\_Holiday Parties  
  
  
  
Education Counts –The emotional stress of illness can cause academic needs to falter. Piggyback can help with the following:  
\_\_Tutoring \_\_Homework Help \_\_School Supplies

Kids Count –Extracurriculars do not need to go by the wayside when dealing with a serious illness! Activities and fun are tremendous in helping lift kids’ spirits and build self-esteem. Please tell us how we can help with your child’s extra curricular activities:  
  
\_\_Renew for existing activities \_\_Enroll in new activities \_\_Provide necessary gear or clothing  
  
Please list existing activities or interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information/Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail completed application to:   
Piggyback Foundation of Youngstown, PO Box 3184, Boardman Ohio 44513**