



PREEMIE FAMILY ASSISTANCE FUND APPLICATION

Applicant Information

Applicant's Full Name: _____ Today's Date: _____

Address (Colorado): _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother's Age: _____ Race (optional): _____ US Citizen: Yes _____ No _____

Mother's Health History:

How many family members live in your household? _____

Birth & NICU Information

Infant(s) Last Name(s) _____ Date of Birth: _____ Gestational age _____

Infant(s) First Name(s) & Gender(s): (M/F) _____ (M/F) _____ (M/F) _____

Birth weight(s): _____, _____, _____ Current age of infant(s): _____

Birth Hospital: _____ Current/Discharge Hospital: _____

Expected/Date of NICU discharge: _____ Social Worker: _____

Please provide information regarding infant's birth complications, current health/special needs and anticipated special needs at time of discharge:

Financial Information

Mother's employer _____ FMLA/Maternity Leave benefits and end date? _____

Father's employer _____ FMLA/Maternity Leave benefits and end date? _____

Public or other benefits, if any, mother and/or infant receive (please circle all that apply):

None Medicaid Private Health Ins WIC SSI Other _____

What is your current housing situation? (Please circle one.) Do you expect this to change in the next two months? _____

Rent Own Temporary Housing Other

