

Jensen's Heart of Gold  
Foundation



Florida Chapter

# Jensen's Heart of Gold Foundation Florida Chapter Hardship Assistance Application

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents (or Legal Guardians) Names:

\_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ZipCode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Diagnosis and Date of Diagnosis: \_\_\_\_\_

List all hospitals where is treatment received?

\_\_\_\_\_

May we share your story? \_\_\_\_\_

(Optional) Story

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I hereby acknowledge that a completed Hardship Assistance Application does not guarantee funding, and that grant awards will be based on the availability of funds. I certify that the statements contained herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept a grant award.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Worker/Doctor Name: \_\_\_\_\_

Social Worker/Doctor Signature: \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit this form through email to [hardship@jensensheartofgold.com](mailto:hardship@jensensheartofgold.com)  
or by mail to 7065 Durant Rd., Plant City, FL 33567

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Jensen's Heart of Gold Foundation Florida Chapter  
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