



P.O. Box 332, Cheektowaga, New York 14225 | 716-427-4314 | Fax: 716-844-8401

REQUESTING ASSISTANCE

TOO PRECIOUS' **PRECIOUS HEARTS** program provides financial assistance for families of stillborn and infant loss under the age of 1. Through this program TOO PRECIOUS is able to assist with expenses related to:

- * Funeral/burial
- * Cremation

HOW IT WORKS

After receiving a Request for Assistance (RFA) form, TOO PRECIOUS volunteers confirm information and eligibility.

- TOO PRECIOUS volunteers follow up with the service providers and families/requestors to confirm current account balances and explain TOO PRECIOUS' mission and programs.
- If baby was stillborn, volunteers determine TOO PRECIOUS' contribution based on pre-established protocol.
- TOO PRECIOUS cannot reimburse families for expenses already paid.

If the RFA is complete and meets eligibility requirements, volunteers continue to process the application and coordinate disbursement of funds.

TOO PRECIOUS' contribution is always the final payment on the account, and families must coordinate their payments with the service provider (i.e. funeral home).

When the account balance matches the amount TOO PRECIOUS has pledged, the provider must submit an invoice to TOO PRECIOUS showing payments and an updated balance. We will then submit final payment directly to the service provider.

TOO PRECIOUS is staffed entirely by volunteers and we do our best to process requests in a timely manner. However, sometimes it takes longer than we anticipate. We appreciate your patience as we do our best to help you.

ELIGIBILITY

To qualify for consideration for the **PRECIOUS HEARTS** Program, the following must be true:

- You live in the United States.
- Your baby was stillborn or under 1 year of age (i.e. born at/after 20 weeks' gestation, with no signs of life (heartbeat, respirations, etc.)).

HOW TO REQUEST TOO PRECIOUS'S HELP

1. Complete this form and attach copies of itemized invoices you need help paying.
2. Send form and attachments to TOO PRECIOUS via USPS, fax or email.

A TOO PRECIOUS representative will contact you within a week. You may also call TOO PRECIOUS directly at (716)427-4314.



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REQUEST FOR ASSISTANCE (RFA) FORM

PART I: FAMILY INFORMATION

Your Name: _____ Relationship to baby: _____

Baby's name: _____ Baby's DOB/DOD _____

Baby's Gestational Age (i.e. month of pregnancy when baby was born) _____

Address: _____ City, State, Zip: _____

Phone(s): Home: () _____ Cell: () _____ Fax: () _____ Email: _____

PART II: REFERRAL SOURCE(S)

Referred by (name): _____ Title: _____

Relationship (circle one): Colleague Family Member Friend Funeral Home Hospital Staff Internet
Other _____

Phone(s): Home: () _____ Cell: () _____ Fax: () _____

Email: _____

Signature: _____ Date: _____



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PART III: PRECIOUS HEARTS PROGRAM - EXPENSES

Please note the services below for which you are requesting financial assistance and attach copies of invoices. Payment, if approved, will be sent directly to the service provider once the account balance matches TOO PRECIOUS' pledge.

1. Funeral/Burial

a. Funeral Home: _____ Director: _____

b. Address: _____ City, State, Zip: _____

c. Phone: () _____ Fax: () _____ Email: _____

d. Financial Need: \$ _____ Invoice attached

2. Cremation

a. Crematorium: _____ Contact: _____

b. Address: _____ City, State, Zip: _____

c. Phone: () _____ Fax: () _____ Email: _____

d. Financial Need: \$ _____ Invoice attached

3. Stationary (birth/death announcements, thank you notes)

a. Stationer/Printer: _____ Contact: _____

b. Address: _____ City, State, Zip: _____ c.

Phone: () _____ Fax: () _____ Email: _____

d. Financial Need: \$ _____ Invoice attached

PART IV: ELIGIBILITY & RELEASE

TOO PRECIOUS reserves funding for families with the greatest need. What financial resources do you currently have?

I have received/expect to receive the following assistance for the expenses indicated on this form: Donations from: (circle all that apply) family friends colleagues church groups other: _____

▪ Amount(s): \$ _____ Donations from other organizations (government*, nonprofit, etc.; please list): _____

*You may be eligible for assistance through Social Services or Medicaid. Call them directly or ask your funeral director to help you apply.

I am not receiving/do not expect to receive financial aid from other sources.



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I authorize TOO PRECIOUS and its representatives to discuss with the providers listed in Part III of this form, my financial obligations as indicated on the attached invoices.

Signature

Date

Funding for the PRECIOUS HEARTS program is made possible primarily through donations from families of stillborn babies. You can help!

- ♥ Tell friends, family and colleagues about TOO PRECIOUS' mission, and encourage them to donate to TOO PRECIOUS in your child's memory.
- ♥ Add the TOO PRECIOUS contact information to your child's obituary.
- ♥ Share info. about TOO PRECIOUS in your communications (i.e. mail, email, social media/Facebook/Twitter/Instagram)