



# ADAMS ARMY

'THERE IS NO SUCH THING,  
AS AN ARMY OF ONE.'

### Referrals

- Referrals can be made by the individual's parent/guardian, a medical professional, or even the individual themselves
- The family will always be contacted once the referral is made before taking the next step

### Eligibility

- The individual has a medical condition that is currently in the treatment stage

All medical and personal information is kept confidential and is not communicated with outside parties unless consent is provided by the individual.

### Assistance Request/Referral Form

Applicants Name \_\_\_\_\_

Patients Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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

### Relationship to patient:

Self      Parent/Guardian      Doctor/medical professional

Patients Birthdate: \_\_\_\_\_

IMPORTANT NOTE: All applications require the signature of a medical professional that is currently part of their treatment plan.

Medical Professional could include the following: doctor, nurse, social worker, etc.

Patient's medical diagnosis and treatment plan;

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Signature \_\_\_\_\_ Date \_\_\_\_\_



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Other Assistance/Funding:

Please list any other assistance that the family is receiving  
(eg. Employment insurance, other organizations)

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Please list assistance that is required: Please note that Adams Army will do it's best to grant all required needs but the assistance decision will be based upon the most important financial help needed (eg. Utilities , food, rent etc.)

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Please include total amount needed, a copy of bill statement and/or account numbers. Adams Army will pay the bill, once approved, through online banking. A confirmation number will be sent to the applicant once the bill is paid.

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### Comments

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Where did you hear about Adams Army:

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Applicant agrees that all information provided is to be true and any false information will result in the application to be terminated.

SIGNATURE: \_\_\_\_\_

DATE: (     /     /     )

