



Little Miss Hannah FOUNDATION

LMHF Family Registration Form

Return from by email, fax, or mail to: eligibility@littlemisshannah.org ~ Fax: 702-541-9957

Address: LMHF, 10624 S. Eastern Ave, #A847, Henderson, NV 89052

Eligible Child information

Name: _____ Birthdate: ____ / ____ / ____

Address: _____

Primary Diagnosis or Injury Cause (if known): _____

Program Group:

- Child under 18 years old with life-limiting rare disease
- Child under 18 years old undiagnosed with complex medical needs, medically fragile
- Child under 18 years old currently in pediatric hospice or palliative care
- Child under 18 years old diagnosed with debilitating neurologic, metabolic, or genetic condition

Parent/Legal Guardian information

Name(s): _____ Email: _____

Phone: _____ Do you live with the child 50% or more of the time? Y N

Siblings

Are there siblings under 18 years old living at home with the eligible child more than 50% of the time?

Sibling #1 name: _____ Sibling #1 birthdate: ____ / ____ / ____

Sibling #2 name: _____ Sibling #2 birthdate: ____ / ____ / ____

Support Interests

- | | |
|--|---|
| <input type="checkbox"/> Disease research assistance | <input type="checkbox"/> Financial Assistance (Grant Program) |
| <input type="checkbox"/> Local emotional support groups | <input type="checkbox"/> Local resource assistance |
| <input type="checkbox"/> Medically focused family workshops | <input type="checkbox"/> Sibling support groups and events |
| <input type="checkbox"/> Social activities with similar families | <input type="checkbox"/> Other _____ |

____ (initials) I understand that the Little Miss Hannah Foundation, a 501c3 nonprofit charitable organization, will not provide any medical advice or resources that are not publicly available. I understand that I may remove my family from this program at any time by notifying Little Miss Hannah Foundation in writing via email, fax, or mail. None of the information provided above will be shared with any outside parties and will remain the property of the Little Miss Hannah Foundation.

Parent/Legal Guardian signature: _____ Date ____ / ____ / ____