



Request for Assistance

Heaven Instead would like to offer our deepest sympathy for your loss. We know you are hurting. You were expecting life to begin, then, the unimaginable occurred. We are so deeply sorry for your loss. We are here to help, and to remind you that you are not alone on your journey to honor and grieve your child. We would like to help your family navigate this painful experience by offering our financial support and professional guidance. We appreciate you taking the time to fill out the form below to determine your eligibility for assistance. Please e-mail the completed form to heaveninstead@gmail.com, or contact Heaven Instead at (832)-226-5445 to speak to one of our volunteers.

Section 1: Family Information

Name: _____ Relationship to baby: _____

Baby's name and Date of Birth/Death: _____

Gestational Age (i.e. week of pregnancy at delivery): _____

Address: _____

City, State, Zip: _____

Contact number: _____ Email: _____

Section 2: Referral information

Name: _____ Relationship: _____

Delivery Hospital: _____

Section 3: Funeral Home Information

Name of funeral home: _____

Director: _____

Address: _____ City, State, Zip: _____

Selection of services*

Cremation

Burial

***Please note that payments are made directly to the funeral home and we cannot guarantee full payment for services selected. You may be responsible for additional payments and this will be arranged between you and the funeral home selected. If you need assistance with the selection of a funeral home, please visit our website.**



Section 4: Release & Eligibility

Heaven Instead reserves funds for families with financial hardship. Please answer honestly and to the best of your ability.

Do you have or expect to have assistance from family, friends, etc.? (Yes / No)

Do you have assistance through your job or another organization? _____

Do you have medical insurance? (Yes / No)

if yes, who is your insurance provider? _____

Have you previously dealt with this type of loss before? (Yes / No)

Do you have any children? (Yes / No) If yes, list age(s): _____

Annual household income? _____

Is there any additional information you would like to share with Heaven Instead?

Do you authorize Heaven Instead to share your story with future beneficiaries and donors (brochure, website, video testimonial, etc.)? (Yes / No)

I authorize Heaven Instead and its representatives to discuss my financial liability with the funeral home listed in section 3 of this document. I understand that Heaven Instead is not responsible for full payment of services selected and that funds will be an assistance in addition to payments made by myself first. I understand that Heaven Instead will make the **final payment** to the funeral home, and that the funeral home selected is responsible for transport and care of the baby; Heaven Instead is not liable under any circumstances. I understand Heaven Instead cannot reimburse me for expenses already paid to the funeral home and that funds are directly paid to the funeral home.

Signature: _____ Date: _____

Print Name: _____