



## Madden/Cancelmo Christmas Fund Application

Holiday gifts + financial assistance

**\*\*Submit by December 10\*\*** to: Sherri McElfrick — [socialworker@phillycurehd.org](mailto:socialworker@phillycurehd.org)

Eligibility: Individual or family with a Huntington’s disease (HD) diagnosis in the household and currently experiencing financial difficulty (unable to meet monthly obligations). The fund provides a gift for each household member in addition to a financial gift.

### 1) Primary Applicant

**Full Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Preferred Language (optional): \_\_\_\_\_

### 2) HD & Care Information

HD Diagnosis applies to (name & relationship): \_\_\_\_\_

Treating Provider/Clinic (if any): \_\_\_\_\_

### 3) Household Members & Gift Wishes

Please list each member (include the person with HD) with name, age, and gift interests/wish.

Name	Age	Gift Interests/Wish

### 4) Please describe why you should be considered for the program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5) Consent & Acknowledgment

I certify that the information provided is true and accurate to the best of my knowledge. I authorize Philly Cure HD to use this information internally to evaluate my application and to contact me for any needed follow-up.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Questions? Email [socialworker@phillycurehd.org](mailto:socialworker@phillycurehd.org) | Submit by 12/10