**APPLICATION FOR ASSISTANCE**

The Mark McEvoy Legacy Foundation is a 501(C)(3) nonprofit organization dedicated to aiding families in the Greater Sacramento Area who are facing a life-threatening or terminal condition. Our goal is to help families breathe a little easier by providing them with the quality time they deserve and to add to the quality of life of their loved one. We can offer a variety of assistance: give our time to help around the house, provide a family outing like a day at the ballpark, donate towards a needed medical device or treatment, a monetary donation to help make ends meet, etc. If you or a deserving loved one could use our help, please fill out this form and submit it for consideration.

|  |  |
| --- | --- |
| **To be completed by applicant** | |
| Name (last/first/middle): | |
| Address: | |
| City, State, Zip | |
| E-mail: | Phone: |
| How did you hear about the MMLF? | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applying for (check one): |  | **Yourself** |  | **Other** |

If **Other**, please fill out the section below on behalf of the recipient of assistance.

|  |  |
| --- | --- |
| Your relationship to recipient: | |
| Name (last/first/middle): | |
| Address: | |
| City, State, Zip: | |
| E-mail: | Phone: |
| May we contact this person? (Y/N): | |

**Medical History:** This is for application purposes only. The Mark McEvoy Legacy Foundation may seek to validate the application by contacting the medical reference listed below. However, the MMLF will not contact nor disclose the patient’s personal information or medical condition to an outside party without first seeking the expressed consent of the patient.

|  |  |
| --- | --- |
| Medical diagnosis and brief description of condition: | |
| How long has the patient lived with this condition: | |
| Current prognosis: | |
| Hospital or clinic where patient is receiving care: | |
| Name of patient’s doctor or specialist: | |
| E-mail: | Phone: |

Please attach a short essay or video describing what type of assistance you are seeking, how it will benefit the patient and his/her loved ones, and why this person needs our help. We would like to get to know the families and people to whom we reach out, so be as descriptive and creative as possible. Send a completed application to [john@markmcevoylegacyfoundation.org](mailto:john@markmcevoylegacyfoundation.org) or mail your request to Mark McEvoy Legacy Foundation, P.O. Box 214669, Sacramento, CA 95821.