



**Patient & Family Assistance Fund for Young Adults at the Hackerman-Patz Patient and Family Pavilion**

**Please complete and mail to:**

Kara Foundation  
c/o Kathryn Lalumiere  
13055 Michie Court  
Lake Ridge, VA 22192

---

**Patient Information** (please print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Diagnosis (optional): \_\_\_\_\_

Caregivers Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

---

**Assistance Needs:**

Housing  Parking  Housing & Parking

Date of Check-In: \_\_\_\_\_ # of days at Pavilion: \_\_\_\_\_

Date of Check-Out: \_\_\_\_\_

Have you received any funding from the Pavilion to assist with your housing expenses?  Yes  No

How did you hear about us? \_\_\_\_\_

---

**Signatures:**

Signature of Patient or Family Member: \_\_\_\_\_

\*\*please provide an email address to confirm receipt \_\_\_\_\_

Signature of Housing Specialist: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_