



The Morgan Breanna Hicks Foundation P.O. Box 1156  
Westerville, OH 43086-1156

## **The Angel Care Program: Application**

**NAME:**

**EMAIL:**

**ADDRESS:**

**PHONE NUMBER:**

**RACE:**

**HAVE YOU CONTACTED A FUNERAL HOME:**

If yes, please provide us with the name of the funeral home?

**BRIEFLY DESCRIBE TO US THE STORY OF YOUR LOSS:**

**HOW ARE YOU RELATED TO THE DECEASED:**

**BRIEFLY EXPLAIN TO US WHAT YOU NEED HELP WITH:**

**INCOME INFORMATION:**

Do you receive any Governmental Assistance:

If yes, please provide us with a letter from your case worker stating the type of assistance and if they are going to assist with any of the cost?

**Are you currently employed:**

If yes, please provide us with proof of employment that includes salary/pay rate and average hours worked?

**Did you have a life insurance policy on the deceased:**

If yes, please provide us with the amount of coverage and a copy of the policy?

**Number of people in your household:**