Lindsey Kramer and Chad Heflinger

PEDiatric Endowment Fund

“Helping from the heart by providing LOVE AND OPPORTUNITY to critically ill pediatric patients and their families in our community.”

Lindsey Kramer and Chad Heflinger

Memorial Hospital Foundation
715 S. Taft Avenue
Fremont, OH 43420

promedica.org/givefremont
The Lindsey Kramer and Chad Heflinger Pediatric Endowment was established to help children who come to ProMedica Memorial Hospital and have expenses beyond their means. This fund is available to children who are ill, 18 years old or younger, and who have lived in Sandusky County for at least a year. Parents who have a child younger than one year must have lived in Sandusky County for at least a year. The funds can be used to pay for ProMedica health care or co-pay expenses, transportation assistance, medication, or medical equipment and/or supplies.

Past support includes, but is not limited to the following examples:
- Medical costs for open heart surgery
- Insurance co-pay for speech therapy and physical therapy visits
- Medical equipment for pediatric patients at ProMedica Memorial Hospital

To apply for funding, please complete the included application and send to:

Memorial Hospital Foundation
715 S. Taft Avenue
Fremont, OH 43420

The Committee will be in touch to set-up an interview.

APPLICATION FOR FUNDS

Information on Child

Child’s Name____________________________________________________
Birthdate___ / ____/ _______ Primary Phone_______________________
Home Address ________________________________________________
City_________________________ State_____ Zip____________

Information on Mother

Mother’s Name__________________________________________________
Mother’s Occupation/Employer____________________________________
Employer’s Address____________________________________________
City_________________________ State_____ Zip____________
Phone Number__________________________________________________

Information on Father

Father’s Name___________________________________________________
Father’s Occupation/Employer____________________________________
Employer’s Address____________________________________________
City_________________________ State_____ Zip____________
Phone Number__________________________________________________

Other Needed Information

My Insurance is: _________________________________________________
How long have you lived in Sandusky County?_______________________
What type of assistance is needed?________________________________
________________________________________________________________
________________________________________________________________
Estimated cost of assistance? _____________________________________
What other resources have you utilized?______________________________
________________________________________________________________
Please include a letter of recommendation from a healthcare professional.

The above information is true to the best of my knowledge.

Signature of Mother     Date
________________________________________________________________
Signature of Father      Date