



112 MacFarland Avenue
Staten Island, NY 10305
Tel: (718) 448-6984 · Fax: (718) 448-6444

PRE-APPLICATION FOR GMRF'S ASSISTANCE

Date of Request: _____

Full Name: _____ D.O.B.: _____

Native Language: _____ Other Languages spoken: _____

Clothing Size: _____ Shoe Size: _____

Address: _____ Country: _____

Phone No.: _____ Mobile: _____

Parent/Guardian Name: _____

Do you have family in the US? _____ If yes, where? _____

How did you learn about GMRF? _____

US Military TV Broadcast Affiliate Other: _____

Treatment Needed: _____

In order for your application to be reviewed by GMRF please make sure you include the following:

- Completed Form must be faxed to 718.448.6444, email info@gmrfchildren.org or mail.
- Form must be completed in English (please contact us if you need assistance in other languages)
- Photo of child, e-mailed to info@gmrfchildren.org or via mail.
- Translated medical paper work in English

Please note that:

- GMRF cannot assist in any efforts by the child or guardian to gain residency or asylum in the U.S.
- The patient must be accompanied by a female, mother or legal guardian.
- GMRF only assists children under 18 years of age.
- Unfortunately at the present time we are unable to provide grants to individuals and/or any organizations.

I acknowledge that I am not able to pursue asylum while in the United States with the Global Medical Relief Fund, seek employment, and that the patient must be accompanied by a female over 21 years of age.

Signature of applicant: _____ Date: _____

Translator's name: _____ Signature: _____

Translator's Phone number: _____ Email: _____

Office Use Only: Date of approval: _____ **Approved by:** _____