



Support - Research - Education - Community

### Proteus Syndrome Foundation Family Assistance Program

#### Patient Information:

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Guardian Information: (if patient is a minor)

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Medical Information:

Treating Hospital \_\_\_\_\_ Doctor \_\_\_\_\_

#### Family Information:

Family Size \_\_\_\_\_ Family Income \_\_\_\_\_

#### Reason for Financial Assistance Request:

Amount of Financial Assistance Requested: \_\_\_\_\_

*Disclaimer: Proteus Syndrome Foundation is a 501c3 non-profit organization and does not discriminate against age, gender, sexual orientation, race, disability or religion. Any questions, please contact [kim@proteus-syndrome.org](mailto:kim@proteus-syndrome.org).*

**Please return the completed application along with any supporting documents and proof of Proteus diagnosis to the address or email listed above.** information requested is necessary to process your application. you may be asked by the Proteus Syndrome Foundation Board for additional information to determine your eligibility for financial assistance. All information provided will be reviewed only by the Board and will remain strictly confidential. Please do not send any information containing social security numbers.

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