



#JoshLives

REQUEST FOR ASSISTANCE

Date _____

PARENTS' NAMES

Mother _____

Cell _____

Father _____

Cell _____

ADDRESS

Street _____

City _____

State _____ Zip _____

Mom Cell _____

Dad Cell _____

Home
Phone _____

Mom
Email _____

Dad
Email _____

SOCIAL SECURITY NUMBERS

Mother _____

Father _____

PERSON IN NEED OF ASSISTANCE

circle one

PARENT

CHILD

Name _____

Age _____

Birthdate _____

Social Security
Number _____

HEALTH ISSUE

** Feel free to add additional pages to tell your story.*

DESCRIBE HOW THE JOSHUA HARR SHANE FOUNDATION CAN HELP.

** Feel free to add additional pages to tell your story.*

PHYSICIAN CONTACT INFORMATION

Physician's
Name _____

Type of
Physician _____

First date of service _____

PHYSICIAN'S ADDRESS

Street _____

City _____

State _____ Zip _____

Phone _____ Extention _____

MAIN PHYSICIAN OFFICE CONTACT

Name _____

Position _____

HOW DID YOU LEARN ABOUT THE JOSHUA HARR SHANE FOUNDATION?

VOLUNTERARY SOCIAL MEDIA ENGAGEMENT

If you wish to share your story of hope to support the goodwill of the Joshua Harr Shane Foundation, we warmly invite you to share your social media handles below via Instagram, Facebook & Twitter channels. Our official hashtag is #JoshLives & you can connect with us online via www.facebook.com/theJoshuaHarrShaneFoundation; www.instagram.com/joshuaharrshanefoundation; and www.twitter.com/jhsf1. By celebrating our mission and your experience working with us, we hope to continue to make a difference in the lives of all we encounter.

Signature

Date

VIEW OUR WEBSITE

<https://joshuaharrshane.org>

JOIN & LIKE OUR FACEBOOK COMMUNITY

[https://www.facebook.com/
JoshuaHarrShaneFoundation/](https://www.facebook.com/JoshuaHarrShaneFoundation/)

EMAIL YOUR FAMILY REQUEST

FOR ASSISTANCE TO

JoshuaHarrShane@gmail.com



JOSHUA HARR SHANE