



Boston Children's Hospital
GI / Nutrition Department
300 Longwood Avenue, Boston, MA 02115
617-355-2127 - CeliacKidsConnection.org

Financial Assistance General Guidelines

The mission of Celiac Kids Connection is to provide a community of support, education and advocacy for families with children diagnosed with celiac disease.

For those who don't request financial assistance, the annual membership is \$35 and includes a quarterly newsletter and reduced event entrance fees. Families are encouraged to contribute any portion they can.

1. No family with a celiac child will be denied membership in the group due to an inability to pay the annual membership dues as long as funding is available.
2. Any family requesting financial assistance must complete this form annually.
3. All information provided will be held in strict confidence.

If requesting financial assistance at the time of registration, include this form with completed membership registration form. At all other times, mail the completed form to:

Celiac Kids Connection
Boston Children's Hospital-GI/Nutrition Dept.
300 Longwood Ave., Boston, MA 02115

Name: _____
 Address: _____
 Telephone: _____ Email Address: _____
 Child's Name: _____
 Date of Birth: _____ Date Diagnosed: _____
 Name of Diagnosing Doctor: _____
 Address: _____ Telephone: _____

Type of financial aid requested: Membership dues Entrance to events

Optional: Please explain your need for financial assistance. Use additional paper if necessary.

Signature of Parent: _____ **Date:** _____

For office use only

Date received _____
 Date notified _____
 Family contribution _____
 Amount granted _____