



Rocky Strong, Inc.  
PO Box 23, Hyde Park, NY 12538  
(845) 518-2030  
www.rockystrong.org  
rockystrong023@gmail.com

### Rocky Strong Service Agreement

Rocky Strong, Inc. is a 501(c)3 non-profit corporation whose mission is to provide financial assistance to caregivers and their seriously ill family member who is currently in treatment and demonstrating a financial need in Dutchess County, NY and surrounding areas. ***Service is provided to families with children under the age of 19 residing in the household.***

#### Guideline requirements for application review:

1. Caregiver and family must reside in Dutchess County, NY or surrounding area (***surrounding area is determined at the discretion of Rocky Strong***).
2. Caregivers are defined as any member of a family who is responsible for caring for a seriously ill family member (child, spouse, or themselves) and who are legal guardians of children 18 years of age or younger and currently living in the home.
3. The illness of such family member is defined as potentially life-threatening and is currently undergoing treatments or requires current short or long term medical interventions by a physician.
4. If qualified for assistance, Rocky Strong will not provide any financial compensations until family member's treating physician or other licensed medical professional (including hospital social worker or patient liaison) has provided Rocky Strong with a written statement on such physician's letterhead describing the family member's qualifying diagnosis and course of treatment with start and end dates of said treatments. Letter can be faxed confidentially to (845) 889-4172, emailed to rockystrong023@gmail.com, or mailed to PO Box 23, Hyde Park, NY 12538. ***All information is confidential.***
5. Family is facing a financial hardship due to (but not limited to) loss of work, loss of second income, medical expenses, etc. and is currently behind in financial obligations because of illness.
6. Financial assistance is at the discretion of Rocky Strong.



## Rocky Strong Family Intake Form

### Family Information

Date \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home or Cell) Best Time(s) To Reach You \_\_\_\_\_

Please list the name and ages of all members in the caregiver's household (including caregiver)

Name	Age	Relation

Referred By (name/organization - if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Home or Cell) Email: \_\_\_\_\_

Brief description of illness in the household and the financial hardship the family is facing due to the illness:

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### B) Services Needed:

- Transportation
- Payment of past due/delinquent household bill
- Grocery & Food
- Accommodations
- Gas Card
- Other: Please specify what is needed \_\_\_\_\_