



Financial Assistance

How We Can Help

Aeron's Foundation provides financial assistance for expenses that bereaved parents face in making final arrangements for their baby who has died. This is made possible due to the generosity of private donations and fundraising efforts.

If you are a bereaved parent or family member seeking assistance with funeral costs, please complete the following application. Starred fields must be filled out. **Online applications will be reviewed and response will typically be provided within 2 weeks of submission. If applications are submitted through postal mail, please remember to include supplemental documentation, and send us an e-mail in order ensure prompt processing of your application.**

If submitting through postal mail, please send the application to:

Aeron's Foundation
Attention: Financial Assistance
P.O. Box 56061
Sherman Oaks, CA 91413

Whenever possible, grants are paid directly to the service provider. Reimbursement of services may be considered on a case-by-case basis up to one year after the loss of your child. For more information please contact info@aeronsfoundation.org.

Eligibility requirements:

- ✓ Low income household as defined by the Department of Housing and Urban Development (income does not exceed 50% of median income in Los Angeles County).*
- ✓ Child must be 12 months or younger, with undetermined cause of death.

- ✓ Must be a resident of Los Angeles County.

1. Primary Contact Information:

*First Name: _____

*Last Name: _____

*Address: _____

E-mail: _____

Phone number: _____

*Relation to child: _____

*Preferred contact method?

- Phone
- E-mail
- Mail

2. Child's Information:

*Child's Full Name: _____

*Child's Gender: _____

*Child's Ethnicity: _____

*Child's Date of Birth: _____

*Child's Date of Death: _____

Hospital or place of child's birth? _____

*Cause of death? _____

*Was the child's case sent to LA County Medical Examiner-Coroner for autopsy?

- Yes
- No

If yes, case number: _____

3. Financial Information

Parent 1	Parent 2
*Full Name	Full Name
Birthdate	Birthdate
Ethnicity	Ethnicity
*Address	Address
Phone number	Phone number
Email address	Email address
Marital Status	Marital Status
Occupation	Occupation
Hours of week at work	Hours of week at work
*Average monthly income (examples: monthly paystub, letter from employer, etc).	Average monthly Income
*Other sources of monthly income (examples: social security, alimony, child support, welfare, etc).	Other sources of income (monthly)
*Combined household monthly income	

Family	
*Number of dependents in family (please list relationship to child, and age)	1. 2. 3. 4. 5. 6. 7. 8.

Any other financial information we should know about? _____

4. Grant request (please attach quotes or bills for documentation):

*Amount requested from Aeron's Foundation (up to \$1,000) _____

- Funeral cost
- Cemetery cost
- Other: _____

*Please describe how this financial assistance will benefit you and your family:

5. Other:

*How did you hear about Aeron's Foundation? _____

A certain number of SIDS cases have been attributed to underlying conditions that may not be apparent upon autopsy (such as heart rhythm issues, seizures, etc). Such conditions may be detected through genetic testing and if found may be useful in screening other family members (such as siblings) for their risk of sharing the same condition. Would you like to be contacted for further information about genetic testing for your child?

- Yes
- No

If yes, when?

- 3 months
- 6 months
- 12 months

Other questions or comments: _____

6. Supplemental Documentation

Please upload or mail a copy of each of the following with this application

- Proof of LA County residency (copy of utility bill, copy of official ID, etc).
- Proof of relationship to child (copy of birth certificate, proof of adoption, etc).
- Copy of death certificate
- Proof of income (letter from employer, paystub, bank statement, annual tax return, etc).
- Financial request documentation (quote, bill from funeral home, etc).

Resources:

*Los Angeles County FY 2019 Low Income Limits (50%) Summary

Persons in family	1	2	3	4	5	6	7	8
Income limit	36,550	41,800	47,000	52,200	56,400	60,600	64,750	68,950

<https://www.huduser.gov/portal/datasets/il.html>