



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, or if you are experiencing financial hardship due to these expenses, please complete the following application. Starred fields must be filled out. **Submitted applications will be reviewed and response will typically be provided within 4 weeks of submission. 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. Alternative forms of financial aid that may be considered include rent assistance, payment of credit card debt, and gift cards to large vendors (such as Target, Amazon or major grocery stores). Aeron's Foundation will not issue checks directly to the family. Families are eligible to receive financial aid 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.
- ✓ Case must have been submitted to the LA Medical Examiner's Office.

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 (circle one):

- | | |
|----------------------------------|----------------------|
| American Indian/Alaska Native | Asian |
| Black or African American | Hispanic or Latino |
| Native Hawaiian/Pacific Islander | White |
| Multiple | Prefer not to answer |

*Child's Date of Birth: _____

*Child's Date of Death: _____

Hospital or place of child's birth? _____

*Cause of death? _____

*LA County Medical Examiner-Coroner 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) _____

Please select one of the options below:

- Check request (examples: funeral home, cemetery, rent assistance, bills, credit card debt)
 - ✓ All checks are sent to the family, but are written directly to the service provider. Please remember that Aeron's Foundation will not issue checks directly to the family.
 - ✓ For rent assistance, please include your lease agreement or a copy of rent bill for verification.
 - ✓ If needed, Aeron's Foundation may contact you to request more information.

Gift card (circle one below):

Target Amazon Ralphs Other: _____

- ✓ *If you are requesting a gift card, please provide the funeral/cemetery cost information and we will honor the amount up to \$1,000.*
- ✓ *Aeron's Foundation is unable to re-issue gift cards if they are lost or stolen.*
- ✓ *Gift cards can be sent to the family by e-mail or certified mail*
I prefer: e-mail certified mail

*Please provide the full name and preferred mailing address of the person who will receive the check or gift card. If requesting an electronic gift card, please also provide the preferred e-mail address:

Recipient name _____

Mailing address _____

E-mail address _____

*If you are requesting a check, please write the name of the person or company (service provider) that the check should be issued to.

Service Provider 1 _____

Contact person (if different) _____

Phone number _____

Service Provider 2 _____

Contact person (if different) _____

Phone number _____

*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, credit card, lease agreement, rent bill, etc).

7. Signature Attestation:

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for financial assistance.

I acknowledge that Aeron's Foundation reserves the right to verify the information contained in my application at any time including but not limited to financial information, employment, quotes, and LA County Medical Examiner-Coroner's office case information.

Signature of Parent

Date

Printed name of Parent

Resources:

*Los Angeles County FY 2020 Low Income Limits (50%) Summary

Persons in family	1	2	3	4	5	6	7	8
Income limit	39,450	45,050	50,700	56,300	60,850	65,350	69,850	74,350

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

Los Angeles County Medical Examiner-Coroner Case Search:

<https://mec.lacounty.gov/>