



3874 Tampa Rd.  
Oldsmar, FL 34677

Telephone: (727) 514-4619 or  
Fax: (813) 855-9334  
[www.CardiacKidsFL.com](http://www.CardiacKidsFL.com)

Dear Parent/Guardian(s):

Sometimes our life's greatest challenges motivate us to accomplish even greater things. That's what the inspiration was when Cardiac Kids Foundation of Florida (CKF), a non-profit organization, was created, to commit to making a positive difference in the lives of children and their families with congenital heart disease.

Heart problems in children are surprisingly common. They are, in fact, the most common type of birth defect and the number one cause of death in infants. Nearly twice as many children die from congenital heart disease in the United States each year as die from all forms of childhood cancers combined.

CKF knows first-hand what it is like to have children born to families with a congenital heart disease. Several of our Board Members have "Child Survivors" that have walked the same steps that you are walking today. That's why we are here, to lend a helping hand.

The Foundation has three main goals:

- To provide financial support to families as they deal with the emotional tolls exacted by a child's congenital heart disease
- To provide medical education and research for healthcare professionals
- To provide charitable healthcare in the form of an annual mission trip

Enclosed in this packet you will find information on congenital heart disease, Foundation information, a financial assistance instructions and financial assistance application. Please take the time to read through everything, and if you feel you could benefit from CKF's assistance, don't let pride stand in your way during this very difficult time, that's why we are here – we have walked in your steps! We can help!

If you have any questions, please do not hesitate to contact Marlee Huggins, Executive Director

Sincerely,

Marlee Huggins  
Executive Director  
Tel: (727) 514-4619  
Fax: (813) 855-9334

The Cardiac Kids Foundation of Florida, Inc., is a non-profit 501 (c) (3) organization registered with the State under the Solicitation of Contributions Act of 1992 under registration # N008000011620. A copy of the official registration and financial information may be obtained from the division of consumer services by calling toll-free 800-435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the State.

# How it all started.....

1. On the way to baby number two, Marlee Huggins had a normal full-term pregnancy and delivery, so she was not expecting any bad news. It started with a poor appetite and the discovery of a cleft palate. Further tests revealed that baby Kalani had six congenital heart defects that required immediate open heart surgeries at 11 days old.
2. No one understood how Marlee and her family felt. What made it especially hard for them is that they had another daughter at home who didn't understand why her baby sister wasn't coming home from the hospital. They felt completely lost, sad, depressed and mad.
3. Marlee and her husband Eric learned something else. Having health insurance didn't prevent the expenses from mounting for their young family. Things like co-pay, deductibles and medications became a daily challenge.
4. Extended family member, and Owner of OL Products Inc., Santo Carollo, observed first-hand how the Huggins family struggled both emotionally and financially and it was that, that inspired him to help other "cardiac kids" like Kalani and their families. He thought since Marlee was such a fireball that together they could help other families that have "cardiac kids". Marlee's family knew they could not be the only family going through the same emotional and financial distress, so she agreed they should start this together. So one evening Santo and Marlee approached Pediatric Cardiovascular & Thoracic Surgeon Dr. Jeffrey P. Jacobs about their idea and he agreed to join them, thus the three founding members formed Cardiac Kids Foundation of Florida (CKF).

Since its inception in December 2008 CKF has come a long way. The Foundation now has three main objectives: 1) to provide financial assistance to families with children in need of medical treatment, medical supplies and medications specific to congenital heart disease 2) fund medical education and medical research and 3) provide charitable health care for children with congenital heart disease through local charitable initiatives and an annual life-saving mission trip

# **Cardiac Kids Foundation of Florida**

## **Contact Information**

Marlee Huggins  
Executive Director  
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# Cardiac Kids Foundation of Florida

## Financial Assistance Application

### **GUIDELINES**

Cardiac Kids Foundation of Florida Financial Assistance is for families with children who have a congenital heart defect and are in need of but is not limited to, medical treatment, medical supplies, medications specific to congenital heart disease and living expenses.

Each application will be reviewed on an individual basis. The amount of assistance will be determined based on the needs of the family at the time of submission and the funds available by the foundation at the time. It is the Foundations intention to help as many families as our funds will allow.

The Foundation will make every effort to review the financial assistance application and provide a decision to the Parent/Guardian(s) within 24 hours, excluding holidays and weekends.

At no time will cash be given. All financial assistance will be payable in the form of a Foundation check made directly to the vendor.

In certain emergent circumstances, hospital cafeteria meal cards, gas cards and grocery store cards can be awarded upon request.

### **INSTRUCTIONS FOR COMPLETING APPLICATION**

- Complete the application in its entirety (incomplete applications will be returned)
- Under "Statement of Need" provide as much detail as possible, us back of application if needed
- Provide copies of any/all outstanding bills that you are requiring financial assistance for
- Send the complete application along with copies of outstanding bills via fax to (813) 855-9334, mail to c/o Marlee Huggins 3874 Tampa Rd. Oldsmar, Fl. 34655 or lastly fill out the online application.

**If you have any questions, please do not hesitate to contact us at any time.**

Marlee Huggins  
Executive Director  
Tel: (727) 514-4619  
E-Mail: [marlee@cardiackidsfl.com](mailto:marlee@cardiackidsfl.com)

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Date: \_\_\_\_\_ Applicant/Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Names: \_\_\_\_\_ Relationship: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone Number: (      )      Cell Phone: (      )

Email address:

Local Address: \_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_ Monthly Income after taxes: \$ \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_ Monthly Income after taxes: \$ \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Doctors name (Cardio): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital of Procedure: \_\_\_\_\_

Social Worker Contact Info at Hospital (that you give us permission to speak to about your childs case):

Number of dependents supported (include spouse or other family members under the family's direct care):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Statement of Need: Please provide a brief summary of any other variables or circumstances that you would like to be considered in this evaluation process:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Application Name: \_\_\_\_\_

Date: \_\_\_\_\_

List all debt:

Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	

Estimated out of pocket expenses associated with required medical care for the next 12 months. Please itemize to the best of your ability:

Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	

Estimate out of pocket non-medical expenses associated with the required medical care for the 12 months such as accommodations, travel, unemployment or required unpaid leave, etc. *Please itemize to the best of your ability (do not include any ordinary monthly expenses listed under family debt obligations).*

Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	
Institute:		Institute:	
Total Debt:	\$	Total Debt:	\$
Monthly Payment:		Monthly Payment:	

Each completed application is valid for one year. Applicants must resubmit a completed application annually to reflect any changes in the data obtained. Applicants may, however, submit a new application as often as needed throughout any year to accurately reflect a greater need which may have arisen.

**This organization has limited funds and grants/assistance awards are made based on many factors, including subjective criteria determined by the board in its sole discretion and submitting an application does not guarantee receipt of any funds.**