Applicants for MAMA Cares funds should first review the qualifications and program guidelines at themamas.org/mama-cares

By submitting this application and signing below, you agree to be interviewed by one or more representatives of MAMA Cares if deemed necessary or if preferable to you.

DISCLAIMER: MAMA Cares is not a medical provider or an insurance company. MAMA Cares makes contributions toward catastrophic events for injured persons deemed to qualify under the MAMA Cares Qualifications. MAMA Cares reserves the right to refuse any application and to determine any monetary contribution based on the merits of each individual request.

Name of person filling out this Application (or nominating someone for funding):
_____

Address: _____
Phone: _____
Email: _____

Name of Individual suffering injury or loss: _____
Relationship to you: _____
Address: _____
Phone: _____
Emial: _____

State your Qualifications for receiving MAMA Cares Funds (refer to the qualifications (***http://themamas.org/mamacares***)**:** _____
_____
_____
_____
_____

Date of incident: _____

Briefly describe the situation (may indicate "prefer to be interviewed"): _____
_____
_____
_____
_____

By signing this application you certify that all the statements made by you are accurate and that all the terms set forth in the guidelines have been read and understood.

_____
Signature

_____
Date