



## YMO Fundraising Application for Kidney Patients

### Applicant Information:

- **Full Name:**

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- **Address:**

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- **Phone Number:**

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- **Email:**

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- **Gender:**

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- **Age:**

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- **Race:**

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- **Parent or Guardian Name (if under 18):**

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- **Do you have a support system in place of aid? (Yes/No)**

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### Medical Information:

- **Kidney Disease Diagnosis:**

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- **Treating Physician's Name:**

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- **Are you on dialysis or beginning dialysis?**

- **Type of dialysis:**

- **Duration:**

- **Are you considering a transplant or are you on the transplant list?**

- **Please specify:**

- **Are you taking medications? (Yes/No)** \_\_\_\_\_

- **Do you have transportation? (Yes/No)** \_\_\_\_\_



- **Do you need assistance with daily activities?**
  - **Can you complete tasks independently? (Yes/No)** \_\_\_\_\_

**Financial Assistance Needs:**

- **Do you need support paying for medications, appointments, or medical needs?**  
(Yes/No) \_\_\_\_\_
- **Are you having difficulties maintaining or gaining employment? (Yes/No)**  
\_\_\_\_\_

**Briefly explain your reason for assistance:**

**Declaration:**

I declare that the information provided is accurate and I consent to the use of my application for fundraising purposes.

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