



Candlelighters For Children With Cancer • 5440 SW Westgate Drive, Suite 125 • Portland, OR 97221 • 503.719.4244 • www.candlelightersoregon.org

New Family Form

Parent 1 First Name: _____ Parent 1 Last Name: _____
Parent 2 First Name: _____ Parent 2 Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Email: _____

Preferred Language: _____

Name of child with cancer: _____ Sex: M F DOB: _____

Diagnosis: _____ Diagnosis Date: _____

Cancer Type: Bone Hepatic Retinoblastoma
 Brain/CNS (Central Nervous System) Leukemia SNS (Sympathetic Nervous System)
 Carcinoma Lymphoma Soft Tissue
 Germ Cell Renal Other: _____

Hospital: DCH RCH ARMMC

Social Worker: _____ Doctor: _____

Current Status: Active Treatment Remission Treatment Start Date: _____

	Sibling(s) Name	Date of Birth	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
#1	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
#2	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
#3	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
#4	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
#5	_____	_____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

I authorize my child's medical providers (Doernbecher Children's Hospital, Randall Children's Hospital, etc.) to disclose protected health information to Candlelighters, including hospitalizations and clinic appointments, as well as information pertaining to my child's medical condition.

Signature of parent/guardian: _____ Date: _____

continues on back...

Would you like a Candlelighters representative to contact you? Yes Not at this time

How did you hear about Candlelighters?

- Hospital Employee
- Marketing Collateral
- Candlelighters Staff in the Hospital
- Attended a Candlelighters Event
- Friends/Family
- Online Research
- Other: _____

Candlelighters programs and services are free of charge to children and teens age 0 – 21 who have experienced cancer and their immediate family members. We offer a quarterly newsletter with information, family activities, events, resources and more. For further information about Candlelighters, please visit our website at www.candlelightersoregon.org

We are interested in learning more about our clients and collecting information that will allow us to apply for grant funding in the future. We greatly appreciate you providing answers to the following questions.

Please note that these questions are optional and all answers will be kept confidential and will have no impact on the approval process for any of our programming.

Family Data (Please check all that apply):

Race & Ethnicity:

- Hispanic / Latino
- African American or Black
- American Indian or Alaska Native
- Arab or Middle Eastern
- Asian or Asian American
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other

Highest Level of Education for 1st Parent:

- High School
- Community College
- Some College
- College Degree
- Graduate Degree

Highest Level of Education for 2nd Parent:

- High School
- Community College
- Some College
- College Degree
- Graduate Degree

Occupation of 1st Parent: _____

Occupation of 2nd Parent: _____

Total Household Income:

- Less than \$10,000
- \$10,000 - \$24,999
- \$25,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,00 and above

Do you receive Medicaid?

- Yes
- No

Military Status:

- Not a Veteran
- Other Protected Veteran
- Veteran
- Newly/Recently Separated Veteran (3 year)
- Disabled Veteran
- Other: _____