



Candlelighters For Children With Cancer • 6600 SW 92nd Avenue, Suite 160 • Portland, OR 97223 • 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	
#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](http://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: \_\_\_\_\_