

# Noel Alexandria Foundation

## Application Guidelines



### Infant Funeral Assistance (18 weeks gestation up to 12 months):

- Baby was between 18 weeks gestation up to 12 months, please fill out infant Application.
- Noel Alexandria Foundation **offers assistance up to \$500** towards the cost of burial services, including grave markers
- Noel Alexandria Foundation **offers assistance up to \$250** towards cremation and professional services. (including, but not limited to, transportation, cremation container, professional services, and funeral services). An additional \$250 of assistance may be offered if the family chooses a special urn, merchandise, remembrance jewelry, or similar items that go beyond the original \$250.
- Eligible to apply 6 months after the death date for infants (18week gestation – 12 months).
- **Application is valid for 30 days.** After 30 days of an approved initial application and no payment has been processed applicant must re-apply and not guaranteed for approval for financial assistance.

The Noel Alexandria Foundation pays the funeral home and/or cemetery directly and we ask that funds are not passed through to the family; there must be an outstanding balance to receive assistance.

### **Application does not guarantee financial assistance**

#### Resource Assistance:

- **Angel Bear:** Families will receive an angel bear after the loss of their Baby (18weeks gestation -12 months). *Limited Availability*
- **Support Groups: The Silent Cry** –To honor families and the loss of their baby/babies
- **Emotional Support:** Individual counseling /consultations
- **Angel Birthday Shout Outs:** Birthday E-Cards & Social Media shout outs to your angel baby
- **Miscarriage Comfort Kits:** Free Kits to families who have experienced loss. *Limited Availability*

**All services are free to the community. Some services are limited due to funding.**

#### How to Apply:

- Email: [info@noelalexandriafoundation.org](mailto:info@noelalexandriafoundation.org) or online application.
- Completely fill out the appropriate application for assistance online and email an itemized statement of the services rendered and a copy of either the death certificate, fetal death certificate or medical documentation. (If provided fetal death certificate we need both pages.)
- If you are waiting for a final death certificate, please send in the working copy (abstract) with the file to get the process started.

#### What we do not pay for or fund:

- Noel Alexandria Foundation does not pay for funeral expenses 30 days past the services, airfare, obituary postings or other extraordinary items.

- We are not able to financially assist families whose pregnancies who have been medically terminated; however, they can still submit a request for emotional support and will be given other resources.

**Note:** Each family will be called by the Noel Alexandria Foundation to confirm need. If you would like to expedite the process a family member may call the Noel Alexandria Foundation while they are in your office or home and leave a message either via email or phone confirming their need.

**If you have additional questions:**

Call us at 661.379.7162 or email us at: [info@noelalexandriafoundation.org](mailto:info@noelalexandriafoundation.org)

**After you submit this form, we will contact you within 48 hours to review.** If you are only interested in emotional support, you only need to fill out Section 1. If you are requesting financial assistance, we ask that you exhaust other options which may be available to you prior to applying for the financial assistance. If you need the application expedited or would like an update on the status of your application, please contact us at (661) 379-7162 or [info@noelalexandriafoundation.org](mailto:info@noelalexandriafoundation.org).

*Please note that we are only able to help pay towards outstanding balances and are unable to reimburse funds for expenses already paid.*

**Request for Assistance**

**Requested Assistance** (choose all you wish to receive)

- Resource Assistance**
  - Angel Bear
  - Support Group
  - Emotional Support
  - Angel Birthday Shout Outs
  - Miscarriage Comfort Kits
- Financial Support for current infant funeral** (18 weeks gestation -12 months)
- Infant** (grave marker, special urn, merchandise, remembrance jewelry, or similar items that go beyond the original) Please List: \_\_\_\_\_

Your Baby/Babies Name: \_\_\_\_\_

When was your baby born? \_\_\_\_\_

**Baby's Gender:**

- Female
- Male

When did your baby pass away? \_\_\_\_\_

How far along were you in this pregnancy? \_\_\_\_\_

Hospital or place of child's birth? \_\_\_\_\_

**Cause of Death**

- Birth Defects
- Prematurity
- SIDS
- Stillbirth
- Homicide
- Accident
- Other please explain: \_\_\_\_\_

**Was this pregnancy selectively terminated?**

- Yes
- No

How did you hear about the Noel Alexandria Foundation?

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**Parent Information (Section 1)**

Preferred Language

- English  Spanish
- Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Marital Status:**

- Single
- Married
- Divorce
- Separated
- Widow

List any children (with their ages) that currently live in your home, so we can better support your whole family during this difficult time.

- Child 1 Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Child 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Child 3 Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Child 4 Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Child 5 Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Child 6 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Additional names:

\_\_\_\_\_

**Financial Assistance (Section 2)**

If you are requesting emotional support only, you do not need to fill out this section.

Financial Assistance for Angel Baby Memorial Fund: Guidelines & Requirements

- Baby is between 18 weeks gestation to 12months.
- It has not been more than 30 days after the funeral services

If you do not qualify under these guidelines, you may still utilize other N.A.F. services. Contact N.A.F. for more assistance (661) 379-7162 or [info@noelalexandriafoundation.org](mailto:info@noelalexandriafoundation.org).

**Mother Information:**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Father Information:**

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Annual Household Income**

- \$0-\$16,000
- \$16,000 -\$32,000
- \$32,000 - \$65,000
- \$65,000+

If income is high, please explain any extenuating circumstances

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

So, we can best assist you with your needs, fill out any other resources that may be available (choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> State Assistance (SSI, Food Stamps, Etc.) | <input type="checkbox"/> Family/ Friends               |
| <input type="checkbox"/> Tribal Affiliation                        | <input type="checkbox"/> Active Duty Military          |
| <input type="checkbox"/> Religious Affiliation                     | <input type="checkbox"/> Online Fundraising Page       |
| <input type="checkbox"/> Hospital Foundation                       | <input type="checkbox"/> Personal savings/ credit card |

If any fundraiser or fundraising page has been set up to assist with your baby's funeral expenses, list the fundraiser/or link to page here.

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Funeral Home (if chosen): \_\_\_\_\_

Funeral Director (if known): \_\_\_\_\_

Funeral Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you already met with a funeral director?

- Yes  No

Date of Meeting (if known): \_\_\_\_\_

Type of Services:

- Cremation  Burial  Grave Marker

Amount requesting from N.A.F., or what is the balance if other payments have been made.

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Name of Cemetery: \_\_\_\_\_

Location of Cemetery: \_\_\_\_\_

***By signing below, I certify all information is true and correct to the best of my knowledge.***

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent/Guardian:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Supplemental Questionnaire for SIDS or sleep related deaths only (Section 3) OPTIONAL**

Please fill out for potential SIDS or sleep related infant deaths. If child's death was not related to these possible causes, you may submit application as is. This information will aid us in the future to help those who research and provide data to help prevent infant loss. Thank you for supporting these efforts. Our hearts go out to you at this time of such a devastating loss. Thank you for providing this information and helping us attempt to reduce SIDS and infant deaths.

You are not alone, and if you would like additional emotional support, please contact us at

(661) 379-7162 or at [info@noelalexandraifoundation.org](mailto:info@noelalexandraifoundation.org).

Where was your baby sleeping at the time of death?

- Parent's Bed
- Stroller
- Car Seat
- Couch
- Another family member/ friend's Bed
- In their Crib
- Other: \_\_\_\_\_

In what position was your baby sleeping?

- Back
- Stomach
- Side

If your baby was sleeping in their crib, did the crib have loose blankets, stuffed animals, bumper pads, or pillows in it?

- Yes
- No

Was your baby sleeping with an adult?

- Yes
- No

Does anyone in the household smoke cigarettes? (Choose yes, even if they smoke outside only)

- Yes
- No

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**To be Completed by Noel Alexandria Foundation**

**Committee Reviewed**

- Application has been approved for financial assistance.
- Currently the foundation is unable to provide financial assistance.

Committee Signature: \_\_\_\_\_

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

Treasurer Signature: \_\_\_\_\_

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