



MARIA'Z HOPE FOUNDATION

Providing Support for Those Seeking An
Alternative Approach to Healing

*Serving the residents of Commack, Smithtown, Hauppauge, Kings Park, Dix Hills,
Northport, East Northport, Elwood and Huntington, Long Island, New York*

PARTICIPANT INTAKE FORM

Participant Information

Name: _____ **DOB:** _____

Qualifying Medical Condition: _____ **Diagnosis Date:** _____

Sex: Male Female **Primary Language:** _____

Permanent Address: _____
Complete Street Address *City* *State*

Telephone: (____) _____

Physician and Medical Information

You must provide a Doctor's diagnosis on letterhead dated within 6 months of submission to be considered for aid.

Physician Name: _____ **Hospital:** _____

Office Address: _____
Complete Street Address *City* *State*

Telephone: (____) _____

Other Practitioners or Providers

Name: _____ **Type of Treatment Provided:** _____

Office Address: _____
Complete Street Address *City* *State*

Telephone: (____) _____

Insurance Information

Insurance Information: _____ **Telephone:** (____) _____

Office use only: Person taking referral: _____ *Referral Date:* _____

Mail to: Maria'Z Hope Foundation Inc, 21 Pulaski Rd., Kings Park, NY 11754 or call 631-495-6502