Angel Baby Program

The Angel Baby Program is sponsored by LifeCare Medical Center. Funding is received through grants from the LifeCare Health Care Angel Baby Fund, which is administered by the Northwest Minnesota Foundation.

Eligibility Criteria

The Angel Baby Program is designed to financially assist individuals and families with medical expenses that have experienced pregnancy or child loss. The maximum request is $1,000. The following guidelines must be met to be eligible for assistance:

- Resident of Roseau County
- Application must be received within 1 year of loss
- Loss occurred between 12 weeks gestation – 24 months

Date:_____

Amount Requested:_____

Your name:_____   Relationship to child:_____

Child's name: _____   Child's DOB: _____

Baby's gestational age:_____

Delivery Hospital and Doctors Name: _____

_____

Address:_____   City, State, Zip:_____

Phone:_____   Email:_____

Referred by: _____

Relationship (circle one): Family Member | Friend | Funeral home | Hospital Staff
        Other: _____

The Angel Baby Program will not contact a creditor on your behalf to discuss terms or guarantee payment.

I have read and understand The Angel Baby Program Guidelines. I declare that the information on this form is true and correct to the best of my knowledge. I understand that all applications will be reviewed individually and that final determination will be made by The Angel Baby Advisory Committee. All information reviewed is confidential.

_____
Signature   Date

_____
Printed Name

Applications can be mailed or emailed to:
Tanya Semingson, Development Coordinator
The Angel Baby Program
LifeCare Medical Center
715 Delmore Drive
Roseau, MN 56751
tsemingson@lifecaremc.com

If you have any questions regarding your application or eligibility, please contact Tanya Semingson at 218.463.4742 or tsemingson@lifecaremc.com.

Please allow 2-4 weeks for determinations to be made and funds to be paid out. We are not able to take special requests for emergency payments.

(For office use only) Date Received:	
Determination:	
Determination Date:	
Initials:	
Date Paid:	

LifeCare
HEALTH CARE FUND