

RETURN TO

Keep Kids Connected
P.O. Box 1127
Katy, TX 77492



Application for Netbook/Tablet Computer

Keep Kids Connected provides Netbook/Tablet computers to kids with cancer or other life-threatening illnesses to help them stay connected to family and friends while they are in the hospital undergoing their treatment. To apply, the applicant must be between 4 and 18 years of age and be in active treatment or ongoing medical follow up for cancer or other potentially life-threatening illness. ▶ Please remember to have your physician complete and sign the box at the bottom of this page. This information is confidential. ▶ Please complete and return this form to the address listed above. Questions? Email keepkidsconnected@gmail.com or visit www.keepkidsconnected.org.

Applications will be accepted and Netbook/Tablet computers provided to qualified applicants as funds become available. Applicants are limited to one Netbook/Tablet computer. *(Please print legibly to prevent a delay in processing your application.)*

Patient First and Last Name _____ Date _____

Parent/Guardian First and Last Name _____

Home Address _____ City/State/Zip _____

County _____ Country _____

Home Phone () _____ Work or Cell Phone () _____

Email Address _____ Primary Language Spoken _____

Patient Information

Gender: Male Female Date of Birth _____

Ethnicity: Caucasian African American Asian Hispanic American Indian Other

Does the patient currently own a Netbook, iPad, Tablet, or laptop for his/her own personal use? Yes No

Have you visited www.keepkidsconnected.org to learn about our organization? Yes No

Parent Signature _____ **Date** _____

- To be completed by the patient's doctor -

** Please note: signatures must be original; stamps, photocopies, or initials will not be accepted.**

Patient Diagnosis _____
Date of Diagnosis _____ Is patient in active treatment and/or ongoing follow-up? Yes No
Provider Name _____ Hospital/Clinic _____
Address _____ City/State/Zip _____
Phone _____ Email Address _____
Physician Signature _____ Physician License # _____