



12632 Big Kandi Drive  
Lake Lillian MN 56253  
320-905-4623  
[www.timorthfoundation.org](http://www.timorthfoundation.org)

The Tim Orth Memorial Foundation is a non-profit organization established to provide financial assistance to children ages 0–18 who are facing substantial medical-related challenges due to a serious illness, injury, or medical condition. The Foundation supports families with medical-related and adaptive needs that help improve a child’s quality of life, mobility, accessibility, therapy participation, and daily functioning. Applications are reviewed confidentially by the Tim Orth Memorial Foundation Selection Committee.

Child’s Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Primary Parent/Guardian Contact for Communication and Coordination:

Primary Parent/Guardian Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City State Zip

Primary Parent/Guardian Phone Number: \_\_\_\_\_

Primary Parent/Guardian Email Address \_\_\_\_\_

Does the child currently have Medical Insurance? Yes or No

Are there significant out-of-pocket medical expenses remaining? Yes or No

Diagnosis or Medical Condition: \_\_\_\_\_

Please share a brief summary of child’s medical journey and current condition:

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Please describe any upcoming treatments, therapies, procedures or on-going medical-related needs anticipated in the next 12 months:

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Please describe any significant out-of-pocket medical, therapy-related, or adaptive expenses and needs for the child. Examples may include medical bills, deductibles or co-pays, treatment-related travel, therapy expenses, adaptive equipment, or accessibility modifications. The Foundation is unable to assist with ongoing household expenses such as rent, mortgage, utilities, or general living expenses unless directly connected to accessibility or medically necessary modifications for the child.

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Is the family receiving assistance from other fundraisers, organizations or community programs? Yes or No

What specific assistance or item(s) from the Tim Orth Memorial Foundation would help your child and family at this time?

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May the Tim Orth Memorial Foundation share portions of the child's story and/or photographs for fundraising or promotional purposes? (If yes, please include a photo of applicant) Yes or No

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that assistance decisions are made at the discretion of the Tim Orth Memorial Foundation. Applicant and parent/guardian agree that the Tim Orth Memorial Foundation and individuals associated with the Foundation will not be held liable for any claims, damages, or legal actions related to fundraising, promotion, or assistance provided on behalf of the child or family.

Primary Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_