

Charlie Polizzi's Warrior of the Angels



SOOTHING HEARTS

Giving Guidelines

Charlie Polizzi's Warrior of the Angels Foundation provides support for parents of infant loss through self care therapies, leading to emotional support. Our Soothing Hearts Program provides an opportunity for parents of infant loss to gain emotional stability through self care outlets.

If you have any questions or need help completing this application, please contact your NICU social worker in the hospital or contact us at (518)929-1423.

Recipient must be a parent of infant loss.

Must submit your completed application in order to receive funding.

You can only submit one application per person.

Must be willing to share your story through our social media, website and other promotional avenues.

Must be willing to provide photo release for any photos provided for promotional material.

Applications can be submitted by a third party recognizing the need for support by the applicant(s).

Support will be limited to the agreed upon method of support & will not exceed or extend beyond unless otherwise agreed upon.

Our Mission

To create awareness for Congenital Diaphragmatic Hernia(CDH) and infant loss by establishing and managing programs that further research allowing for improved CDH survival rates and quality of life, as well as improved emotional stability for families following the loss of an infant child.

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Marital Status

Relationship to Infant

Infant Birth & Angelversary Information

Infants Name(s)

Infant(s) Birth Date

Infant(s) Gender

Birth Weight(s)- In pounds)

Gestational Age(s) at Birth (Ex. 30 weeks)

Reason for Loss (CDH, Stillborn or CHD)

Infant(s) Death Date

Family & Child Information

What are some self care activities that you have enjoyed in the past?

Since you lost your child, have you been able to take care of yourself?

What are some things that help you cope and bring you through the up's and down's of your grief?

Tell us about your child(ren) and their story. You are always a Mother or Father regardless of how their battle ends.

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Have you received support from any private organization or program other than Charlie Polizzi's Warrior of the Angels Foundation regarding your baby's NICU story?

Other family considerations

Support Requested (Please check up to 3 categories; Charlie Polizzi's Warrior of the Angels Foundation will determine the form of support to be received)

Gym Membership

Spa Treatments

Artistic Activities

(Paint & Sip, Custom Signs Design, Pottery Painting Workshop)

Restaurant Gift Cards

Fitness Classes

Baking Classes

Cooking Classes

Other Self Care Activity

(Please list below)

Name of Social Worker that referred you

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PLEASE NOTE:

- I understand and agree to the terms of the Soothing Hearts Application and Guidelines.
- I am providing the information in this application to Hailey's Hope Foundation voluntarily, and it is complete and accurate.
- I authorize Charlie Polizzi's Warrior of the Angels Foundation to contact and discuss with the NICU social workers my application and my baby's life story to help determine my need for support. I may cancel this authorization at any time in writing to Charlie Polizzi's Warrior of the Angel's Foundation, P.O. Box 779, Valatie, NY 12184 or to Kristin@CharlieWarriorAngel.org.

I am inserting my name to act as my authorized signature on this application:

PRINT NAME: *

SIGN HERE: *