



# “JACKIE’S HOUSING PROGRAM”

## BASIC APPLICATION

Thanks to the generosity of the JSF army of supporters, we are pleased to offer free temporary housing to pediatric cancer patients and their families. This program is designed to provide families temporary housing in close proximity of Texas Children’s Hospital and/or MD Anderson during their child’s most intense treatment phases. Stays at the JSF apartment generally range from 1 month to 3 months. We understand that each child’s cancer treatment is unique and some situations may require extended stays. These cases will be re-evaluated on an individual basis at the end of each 3-month term; however, we are not able to guarantee extended stays. The purpose of this questionnaire is to evaluate qualifying factors of applicants. Please answer the questionnaire below and submit for evaluation.

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**Applicant(s) Name (guardian/caregiver):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

Do you Smoke? \_\_\_\_\_ **(There is absolutely NO smoking & no pets inside the JSF apartment)**

Are you employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you married or single? \_\_\_\_\_ (all adult tenants have to agree to a background check & sign final forms if accepted into program)

Have you ever been convicted of a felony? \_\_\_\_\_ If so, explain: \_\_\_\_\_

If your family is accepted into the “Jackie’s Housing Program”, will you have a permanent residence to return to after your stay is complete? \_\_\_\_\_ If no, do you have friends/family to stay with? \_\_\_\_\_ please explain: \_\_\_\_\_

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Name of Child Receiving Treatment: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Relapse Date (if applicable): \_\_\_\_\_

Expected Length of Treatment: \_\_\_\_\_

How many times per week are treatment appointments: \_\_\_\_\_

Give a brief description of treatment plan: \_\_\_\_\_

Name of Treatment Facility/Hospital: \_\_\_\_\_

Name of Child's Oncologist: \_\_\_\_\_

Name of Child's Social Worker: \_\_\_\_\_

Name(s) & Birthdate(s) of sibling(s): \_\_\_\_\_

How did you hear about JSF? \_\_\_\_\_

Thank you for taking the time to fill out the "Jackie's Housing Questionnaire". Please use email or regular mail to return this form to JSF for immediate consideration.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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Reaching to the Sky to Fight Childhood Cancer

