



Herzkinder Österreich
Grünauerstrasse 10
4020 Linz

date of receipt

Information about the person

applicant name	family name _____
	first name _____ <input type="checkbox"/> female <input type="checkbox"/> male
member of Herzkinder Österreich	<input type="checkbox"/> YES member nr. _____ <input type="checkbox"/> NO
adress	street _____ nr. _____ ap. _____
	postal code _____ city _____
	country _____
	phone number _____
	email _____
heartchild	family name _____
	first name _____ <input type="checkbox"/> female <input type="checkbox"/> male
	birth date _____

The cause for the financial aid request

<input type="checkbox"/> compensation nightly fee transportation costs
<input type="checkbox"/> compensation therapies
<input type="checkbox"/> compensation activities HKÖ
<input type="checkbox"/> compensation funeral costs
<input type="checkbox"/> other: _____

