

### **Our Goal**

Our focus is to help families that have lost a Child or Parent in any way that we can. It is a very difficult time in peoples lives, people can struggle emotionally and financially. We offer families emotional support by offering referrals for counseling, and financially by helping with medical and funeral expenses. In addition to the support we offer families the opportunity to get away and regroup by going on a family retreat to a location of their choice. No one can decide what is best for the family at that time except for the family themselves, we are there to help support what they need.

### **History**

On May 8, 2005, Mothers Day, we lost Tommy Fagan in a tragic accident He was 8 years old. Tommy was the happiest boy, who loved to read, and most of all loved baseball. He always cared about other people. He loved his family and all of his friends.

During this difficult time our family had support from family and friends. After the funeral we felt we needed to spend some time alone, as a family with our three daughters, who are 15, 12, and 5 years old. A family member offered us the use of their house on a lake. We were able to talk and just be together. We were able to share our feelings and begin our forever changed lives together.

As time passed, we thought about the support that we had and how it has helped our family in the healing process. Our thoughts turned to other families going through similar experiences, and how many do not have the emotional and financial support that we had. During this process we also learned that there are few resources out there for families who lose a child or parent. We decided that we should help families who are experiencing these same emotions, and to help them get through similar situations.



**Please refer to the website about information regarding**

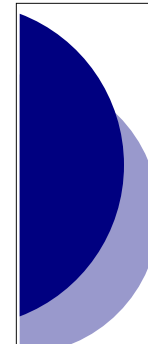
**"Tommy's 2nd Home Party"  
held annually at  
US Cellular Field**

[www.healinghomes.org](http://www.healinghomes.org)

**Please send completed application to:**

Rich and Margie Eber  
4912 Oak Center Drive  
Oak Lawn, Illinois 60453

The Board of the Healing Homes Foundation has the right to verify information that is provided in this application



## **Healing Homes Foundation**

**Founded July 2005**



[www.healinghomes.org](http://www.healinghomes.org)

Please provide all of the requested information when completing this application. This will enable to Healing Homes Foundation to process your request in a timely manner.

Please note that funds are distributed directly to a school or organization and not to a requesting family.

**Contact Information**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Organization the Funds are Needed For**

Organization/School Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Financial Need**

Is there a particular amount of money that is needed?  Yes  No  
If so, what is the particular amount of financial need? \$ \_\_\_\_\_

**Nature of Loss**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal statement of need**

*Please include information that you would like the organization to be aware of regarding your request for financial assistance. For example, how this loss has affected you, how you have persevered, how you hope to use a financial gift.*

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\_\_\_\_\_

By signing below, I confirm that the information provided in this request is true and completely shared by the best of my ability.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

This portion is to be completed by the Healing Home Foundation

Date of Review: \_\_\_\_\_  
Verification of need completed by: \_\_\_\_\_

Decision to assist:  Yes  No  
Amount of assistance requested: \$ \_\_\_\_\_  
Amount of assistance approved by Healing Homes Foundation: \$ \_\_\_\_\_

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