

# Application for Assistance PAGE 2

Applicants diagnosis \*

Complications related to diagnosis \*

Specific equipment and/or service requested (please provide exact name of the equipment/service requested, the name of the manufacturer or provider, and the name, address, and telephone number of the vendor through whom you will obtain equipment or service):

Estimated cost of equipment and/or service: \*

Have you or will you receive any other funding from other organizations, friends or family \*

Please provide information regarding all steps taken to obtain equipment and/or services for the applicant (insurance requests, other organizations attempted, etc.) \*

Please indicate any special circumstances you feel are pertinent to this request \*