ACCESSABILITY FIRST
FOUNDATION

Please complete and return this application with any supporting documentation to AccessAbility First Foundation.

By Mail: AccessAbility First Foundation
P.O. Box 62262
San Angelo, TX 76906

By Email: jordandiibon@accessabilityfirst.org

To be considered for financial assistance, the applicant must have custody of a child with a physical or mental disability that substantially limits one or more major life activities, who is between the ages of birth to 21 years old, resides within the Concho Valley and can provide proof of insurance denial for the item or service being requested.

Applications will be reviewed and approved by the Foundations Board Members. Funds will not be awarded to cover the cost of goods purchased or services rendered prior to the date of the application. Applicants that do not meet the required criteria or that have not provided the required documentation will be denied. All applicants will receive notice of approval or denial in writing. Questions can be submitted through the contact form on our website www.accessabilityfirst.org.

**Application Checklist**

____Completed Application
____Vendor Invoice/Quote
____Insurance Denial Letter
____Physician Letter
____Proof of Residency (utility bill or photo ID with current address)

**Referral Information (if being completed by someone other than the parent/guardian)**

Name:_____

Organization:_____

Street Address: _____

Phone Number: _____

Email: _____

**Parent/Guardian Information**

Name: _____

Phone Number: _____

Email: _____

**Child's Information**

Name: _____

Date of Birth: _____

Street Address: _____

City, State, Zip: _____

**Living Situation of Child**

____Family (biological, relative, or adoptive)

____Foster Family

____Supported Living Facility

Name of Facility: _____

**Income Information (please check all that apply)**

____SSI

____SSDI

____SNAP

____Medicaid

____Medicare

____Other, specify _____

____No public assistance

**Gross annual income**: $_____

**Number of household members**: _____

**Type of Disability or Impairment:**

____Intellectual or Developmental

____Brain Injury

____Orthopedic Impairment

____Other, specify _____

**Diagnosis**: _____

**Briefly describe the condition/diagnosis:**

_____

_____

_____

_____

**Describe the item, equipment, or support being requested (please be specific as possible):**

_____

_____

_____

_____

**Amount Requested:** $_____

*An invoice from the vendor is required when submitting your application

**What other resources have been used prior to applying for financial assistance through AccessAbility First Foundation?**

_____Private Insurance

_____Medicaid

_____Medicare

_____Other, specify: _____

*A denial letter from insurance is required for a complete application.

_____I give permission for AccessAbility First Foundation to use the applicants photographs for promotion purposes, advertising, and fundraising efforts. I understand that these images may be used in print and online publications, presentation, websites, and social media platforms. I also understand that no royalty, fee, or other compensation shall become payable to me by reasons of such use.

_____I do not give permission for AccessAbility First Foundation to use any photographs of the applicant.

_____. _____

Parent/Guardian Signature Date

I certify that all information provided on this application and all supporting documentation is true and accurate and that all household income is reported. I understand that deliberate misrepresentation of information may result in denial of assistance and services. If assistance or service is provided and it is later determined that I misrepresented information, I may be required to reimburse AccessAbility First Foundation the funds received. I understand all information will remain as private as possible within the Foundation and I give AccessAbility First Foundation permission to contact the physician listed regarding this request.

I have read, understand, and agree to the policies and requirements stated above.

_____ _____

Parent/Guardian Signature Date

_____ _____

Representative Signature (if applicable) Date