Application for Assistance

2130 S Rural Rd, Tempe, AZ 85282 | SUZYFOUNDATION.ORG

The Suzy Foundation is dedicated to assisting individuals with special needs by covering the costs of equipment that insurance does not. To apply, please complete the entire application and include the required documents.

Application Requirements:

1. If applicable, provide a letter or prescription from the applicant's doctor confirming the necessity of the requested equipment.
2. Include a copy of the parent(s)/guardian(s) most recent Income Tax Return (IRS Form 1040) along with all supporting W-2 forms. Rest assured, all information will be kept confidential, and for your security, please redact your social security numbers. Documents will be shredded once a decision is made.
3. Your application will remain valid for one year from the submission date.
4. Incomplete applications **will not be accepted**. If your application is denied, the Suzy Foundation will reconsider it the following year, provided that additional information is submitted.
5. Each application will be evaluated on an individual basis.
6. Attach a detailed quote for the requested equipment, tailored to the specific needs and measurements of the applicant, in an itemized format.
7. Please send the completed application to the Suzy Foundation at 2130 S Rural Rd, Tempe, AZ 85282, or email it to suzyfoundation@gmail.com.
8. Applicants must reside in Arizona.
9. Assistance can only be granted once per calendar year.
10. Photos are strongly encouraged.

Please note that the Suzy Foundation will purchase the equipment directly for the applicant, as it does not provide funds directly to individuals.

Suzy Foundation Board Member Only

☐ **Approved** ☐ **Denied**

Description of Approval/Denial:

Staff Signature:

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DATE: _____

Applicant's Information

First Name: _____ **Last Name:** _____
Date of Birth: _____

Person Completing Application

First Name: _____ **Last Name:** _____
Relationship to Applicant:_____
Phone Number: _____ **Email:** _____

Parent/Guardian Contact Information

First Name: _____ **Last Name:** _____
Home Address:_____
Phone Number: _____ **Email:** _____

Please tell us about the applicant. What is their diagnosis? How does this diagnosis affect the applicant? What benefit would the requested equipment provide for the applicant?

_____
_____
_____
_____
_____
_____
_____

If approved for assistance, I give my authorization for the Suzy Foundation to use the applicants name, image and story on the Suzy Foundation website, social media and fundraising marketing.

☐ **Yes**
☐ **No**

How did you hear about the Suzy Foundation?

_____

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What is the requested equipment? _____

What is the cost of the equipment? _____

Purchasing Information

Company: _____ Website: _____
Contact Name: _____ Phone Number:_____
Contact Email:_____

ATTACH A QUOTE FOR THE EQUIPMENT, CUSTOMIZED ACCORDING TO THE SPECIFIC NEEDS AND MEASUREMENTS OF THE APPLICANTS, IN AN ITEMIZED FORMAT.

Have you attempted to obtain this equipment through insurance?

- ☐ **Yes**
- ☐ **No**

IF NOT COVERED BY INSURANCE, PLEASE ATTACH AN OFFICIAL LETTER OF DENIAL FROM YOUR INSURANCE PROVIDER.

Have you raised any funds for the requested equipment?

- ☐ **Yes, if yes how much? _____**
- ☐ **No**

Is there any additional information you wish to share with us in support of your application?

_____
_____
_____
_____

Did You Attach? ☐ **Dr. Prescription** ☐ **Income Tax Return** ☐ **Answered Every Question** ☐ **Quote in itemized form** ☐ **Photos**