I Run For Bob Foundation
P.O. Box 628, Frenchtown, MT 59834
406-239-4228
~www.irunforbob.com~

ADAPTIVE EQUIPMENT APPLICATION

Name:_____ Male/Female:_____ Age:_____

Address: _____City_____State_____Zip_____

Phone (home): _____ (cell):_____ Email_____

Referring Professional contact (Physician, PT, OT, etc.)_____

Agency:_____ Contact number: _____

Type of injury/disability:_____

Mobility restrictions:_____

How long injured/disabled?_____ Activity Interests:_____

Describe equipment you are interested in acquiring:_____

Cost:_____(attach photos, a website, or any addition information related to this equipment)

Any exposure/use of this equipment?_____

_____

Are you eligible for federal/state aid or any other funding programs?_____ If so, who?_____

Do you have private insurance?_____ If yes, have you requested assistance with this equipment?_____ (please attach correspondence)

This grant program is designed as a funding of last resort, have you exhausted all other funding options?_____

Total family monthly income: $_____ Total family monthly obligations: $_____

Total Assets available: $_____ Potential future income/expenses: $_____

I hereby certify that all information stated on this form is true to the best of my knowledge. I also grant permission to investigate accuracy of this request.

Signature:_____ Date: _____

~Please include a picture of yourself with the application if possible. Email or send completed application to the address above. The Foundation considers equipment allocations at its quarterly meetings. Applicants will be notified by email or phone of approval or denial of their applications. Special consideration will be made if there is an immediate need.

ALL INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL