



Application for Protective Medical Equipment

Email completed application to:
thompsons@helmets4helmets.com

HELMETS4HELMETS
KIDS HELPING KIDS

503.310.1036

Eligibility Checklist:

- The child must reside in the US or Canada
- The child must be less than 21 years of age

Anti-Discrimination Policy

Helmets4Helmets is committed to a policy of non-discrimination and equal opportunity for applicants without regard to race, color, sex, creed, political affiliation, marital status, sexual preference, national origin, physical or mental handicap, and does not show partiality or grant special favor to any applicant or group of applicants. All financial applications will be reviewed on a case-by-case basis and final determination will be made based upon your eligibility, Hellemets4Helemets guidelines and the availability of funds.

Release and Statement of Confidentiality

In consideration for the receipt of any financial assistance or medical equipment that Helmets4Helmets may provide to the applicant and/or the child applicant agrees on behalf of applicant and the child to release Helmets4Helmets and hold it harmless from any loss, liability, damage, cost or expense arising out of any claim or suits which may be brought or made which in any manner relates to the assistance or equipment provided to the applicant and/or the child as a result of this application.

Helmets4Helmets agrees to keep confidential all personal information, records, data, and files of any nature provided to it as a result of applicant's request for assistance or medical equipment (the "Confidential Matters"). The undersigned acknowledge and agree that all demographic information provided in the application is not included within Confidential Matters, and may be used by Helmets4Helmets for funding, grant and other similar purposes. Helmets4Helmets agrees not to disclose any Confidential Matters without the prior written consent of applicant, except when and if Helmets4Helmets is required or otherwise compelled by a Court of competent jurisdiction to release such Confidential Matters.

Applicant's acknowledge and agree that Helmets4Helmets may hereafter contact the child's physician and/or social worker to verify any or all of the information from the application, including but not limited to the child's diagnosis.

The undersigned applicant(s) execute this agreement on behalf of _____ "child"

effective this _____ day of _____ 201____ .

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Please PRINT in black or dark blue ink and complete ALL sections accurately

Child/Patient Information—Must be completed

Child's Name (first, middle, last) _____ Male Female
Ethnicity: African American Asian White Hispanic/Latino Other (explain) _____ Decline
Date of Birth _____ Birthplace (City, State/country) _____
Child's Physical Address _____
Mailing Address: (if different) _____
City/State/Zip _____ County _____

Parent/Guardian Information—Must be completed

Parent/Guardian Name _____
Permanent Phone # (____) _____ Cell # (____) _____ Work# (____) _____
Best way to contact guardian (check only one) Permanent Number Cell Work
Email: _____
Is address same as child's? Yes No If no, address _____
City/State/Zip _____

Parent/Guardian Name _____
Permanent Phone # (____) _____ Cell # (____) _____ Work# (____) _____
Best way to contact guardian (check only one) Permanent Number Cell Work
Email: _____
Is address same as child's? Yes No If no, address _____
City/State/Zip _____

Marital status of Parents/Guardians Single Married Divorced Cohabitants
 Widowed Separated Other _____

If divorced, who is the legal custodial guardian of the child? _____

Do parents/guardians speak English? Yes No If no, primary language? _____

Medical Information

*A doctor's letter documenting the child's diagnosis may be required or waived depending on circumstance. Helmets4Helmets reserved the right to request a doctor's letter or appointment date confirmation when deemed necessary.

Referring Party/Hospital _____

Social Worker (Name) _____ Phone # (____) _____

Physician/Specialist Name _____ Address: _____

City/State/Zip _____ Phone# (____) _____

Child's Diagnosis _____

Date of Diagnosis _____ Date Child Last Hospitalized _____

Household Income

*Important: Jack's Helping Hand does not base assistance on income.

Total annual family income \$ _____

Family income sources (please check all that apply): Salary SSI Child Support TANF
 Other (including other Foundations or Non-Profits): _____

Guardian's Employer (if self-employed please list name of business) _____

Is Parent/Guardian on unpaid leave? Yes No

Guardian's Employer (if self-employed please list name of business) _____

Is Parent/Guardian on unpaid leave? Yes No

Insurance Information

Does patient have health insurance? Yes No

If yes, please indicate what type of insurance (check all that apply): Private Medicaid Medicare CCS Other

Does insurance assist with Protective Medical Equipment? Yes No

Demographics

This information is needed for grant purposes and is kept confidential.

This information relates to the Primary Guardian(s) or Parent(s):

(Please check one on each side)

Education:

- Less than 12 years
- High School Grad or GED
- Some College or Assoc. Degree
- College Degree

Household Income:

- Less than \$10,000
- \$10,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- Above \$100,000

Household count _____ (Please include total number of people living at your location)

If the child has siblings, please list names and ages: (This information helps when we have toy drives or events that our families may be invited to)

Sibling #1 _____	Age _____
Sibling #2 _____	Age _____
Sibling #3 _____	Age _____
Sibling #4 _____	Age _____

Funding Procedures:

A representative from Helmets4Helmets will contact you by phone once the application has been received and processed to determine how we can best assist you. We are currently just beginning with funding for helmets and using Danmar products. If you have a special request outside of this, those will be visited on a case-by-case basis.

Please call if you have an emergency so that we can attempt to assist you urgently.



OFFICE USE ONLY
Date Rec'd _____

HELMETS4HELMETS

KIDS HELPING KIDS

Request for Assistance

Child's Name _____ Date of Birth: _____ Date of Request: _____

Address: _____ City: _____ Zip _____

Equipment/Item Requested: Include complete ordering information (make, catalog number, size, etc.) and a denial letter from your insurance company, Medicaid, or Medicare.

Child's Disabilities associated with Equipment Requested _____

Please send the following with your completed application:

- If this is your first time applying with Helmets4Helmets OR it has been more than two years since you have applied please send in the complete application (pages 1-6)
- If you have an application on file (less than two years old) please just complete the Request for Assistance Form with this signature page (pages 5-6)
- Copy of your health insurance card and State ID card (if applicable)
- Color picture of the child (optional)

In order to advance financial assistance in conjunction with the medical treatment of _____ (child) the undersigned do hereby affirm the following:

1. The undersigned are the parents or legal guardians of the child.
2. Financial assistance provided will be with the use of said funds/gift cards to be specified by Helmets4Helmets.
3. The undersigned further agree(s) and understands that once the equipment is purchased and ordered, it cannot be returned or exchanged.

I have read the guidelines for financial assistance and the eligibility checklist and I declare that the information furnished on this application form, including attached sheets, is true and correct to the best of my knowledge.

Dated this _____ day of _____ in the year _____.

Parent/Guardian Signature

Parent/Guardian Signature

Please Print Name

Please Print Name

Relationship to the child:

- Mother Father Self
- Grandparent Other _____

Relationship to the child:

- Mother Father Self
- Grandparent Other _____

RETURN TO: thompsons@helmets4helmets.com