

**DAKE FOUNDATION FOR CHILDREN
FAST TRACK TO INDEPENDENCE**

This application may be used for requests of equipment and services that have been denied by insurance and Medicaid. The Foundation does not grant reimbursements. Depending on the grant, the Foundation reserves the right to request additional information.

I. Information about the applicant:

Name: _____ Date of Birth ____/____/____
Address: _____ City: _____ ST: ____ Zip: _____
County: _____ Telephone: (____) _____ - _____
Email: _____

How did you hear about us?

Information about the parent / guardian / caregiver: (circle one)

Name: _____ Relationship to pediatric applicant: _____
Address: _____ City: _____ ST: ____ Zip: _____
County: _____ Telephone: (____) _____ - _____

Is the applicant your dependant? Y or N (circle one)

II. Statement of Need / Grant Request

Please describe in detail the equipment or service you are requesting in the form of a grant. Please be sure the request is legible and complete. If necessary, attach additional pages.

Please state whether you have made application for the same equipment from any other entity. If so, where.

III. Statement of Medical Justification

Please attach a letter or letters of medical justification specific to the equipment/service requested from a qualified medical professional involved in the care of the applicant (i.e. physical therapist, pediatrician, or specialist).

IV. Statement of Personal Finance

Please check the statement that most closely represents your ability to contribute financially toward the purchase of the requested equipment/service:

___ I/we are unable to purchase this service/equipment for the applicant at this time as it would put a financial hardship on our family.

___ I/we can contribute a portion of the cost of the service/equipment. Amount: _____

I declare that the information presented in this application is correct and accurate to the best of my knowledge: (Signature and date required) _____ Date: _____

**Contact Us: Mail: Dake Foundation for Children, P.O. Box 3575, Saratoga Springs NY 12866/ PH: 518-226-0252/
Email: dakefoundationforkids@gmail.com**