



DAKE FOUNDATION FOR CHILDREN

Application for Adaptive Equipment and Services

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. Contact Information

Information about the applicant:

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

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.

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: _____

Mail or Fax completed application to: Dake Foundation for Children, P.O. Box 3575, Saratoga Springs NY 12866
PH: 518-226-0252 / email: dakefoundationforkids@gmail.com

Statement of Grant Request: please describe the equipment or services you are requesting for the child (attach additional pages as necessary)

Please provide the specific name and estimated costs of request (please attach additional pages/ website information):

Specific Item name/services: _____

Expected cost: _____

Has the child had previous positive experience with a program/piece of equipment similar to that which you are requesting at this time?

Please introduce us to the child and their level of current independence:

Please explain how the grant requested would further increase the child's fun and independence:

Is the child receiving therapy services at this time? (PT/OT/Speech)

YES/NO Type: _____ Therapist name: _____

Name & contact email/phone number for therapist: _____