



The Dake Foundation for Children Application for Adaptive Equipment and Services
PO Box 3575, Saratoga Springs NY 12866
dakefoundationforkids@gmail.com
(518) 226-0252

This application may be used for requests of equipment and services that have been denied by insurance and/or Medicaid. The Dake Foundation for Children (the Foundation) does not grant reimbursements. Depending on the grant, the Foundation reserves the right to request additional information. A complete application and all necessary attachments are required prior to review.

Contact Information

Applicant Demographics:

Name: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____

Parent/Guardian Demographics:

Name: _____ Relationship to applicant: _____
Telephone: (_____) _____ Email: _____
Is the applicant your dependent: ___ Yes ___ No

Is the address of the parent/guardian same as the child's above: ___ Yes ___ N (if no, please add contact address below)

Address: _____

The Dake Foundation for Children Application for Adaptive Equipment and Services
PO Box 3575, Saratoga Springs NY 12866
dakefoundationforkids@gmail.com
(518) 226-0252

****Statement of Justification from Medical Professional**

Please attach a letter(s) of medical justification outlining the child's medical background and need for the equipment/service requested from a qualified medical/educational professional (PT, OT, SLP, MD, PA, NP, SPED).

Statement of Personal Finances

Please indicate which statement represents your ability to contribute financially towards the requested items.

I/we are unable to contribute to the purchase of the requested items as it would cause a financial hardship on our family.

I/we are able to contribute towards the purchase of the items. Contribution amount: _____

Media/Publicity Consent

Please check all areas below that ***you will give consent*** for the child's information to be shared.

Child's Name

Child's Image (Social Media: Instagram, Facebook, Website. Etc.)

Child's Image: Print Media: brochures, pamphlets

Grant Request Information

Please describe in detail the equipment/services you are requesting. Be sure the request is detailed and complete, please attach additional pages if necessary.

Website or brochure: _____

Expected Cost: _____

Has the child had previous positive experiences and/or exposure to equipment/services like this request?

Is the applicant receiving therapy services at this time (PT/OT/Speech): ___ Yes ___ No

Therapy Received: _____

Therapist: _____ Therapist contact info: _____

Introduce us to the applicant and their current level of independence:

Explain how the equipment/service requested would support the child towards further independence/inclusion and fun.

Equipment Donation Waiver and Agreement for Use

1. Commencement Date and Parties

This agreement, effective as of the _____ day of _____ in the year _____ between the Dake Foundation for Children, a New York State not-for-profit corporation with its place of operation located at P.O. Box 3575, Saratoga Springs, NY 12866 (hereafter referred to as) and _____, (hereafter referred to as the Recipient).

The Foundation's principal activity is providing grants and equipment donations to children with disabilities. and the Recipient have entered into this agreement voluntarily with the hope and expectation that the donation of this equipment will benefit the user through increased mobility and independence. To this end, DF and the Recipient have agreed to the following:

2. Donation of Durable Medical Equipment

Recipient hereby agrees to accept equipment donated by the Foundation in accordance with the terms and conditions of this Agreement. Equipment is for the use of the recipient only.

The following is a description of the donated equipment or device:

3. Amendment

No amendment, alteration, or modification of the terms of the Agreement shall be valid unless made in writing and signed by both parties.

4. Previous Agreements; Binding Effect

The Agreement supersedes any and all agreements, either oral or written, between the parties hereto with respect to the subject matter hereof. The terms of this Agreement shall be binding on the parties and upon their heirs, administrators, executors, successors, and assigns.

5. Insurance

The Foundation may request proof of homeowners/renters insurance from Recipients. Recipients must provide a copy of policy coverage acceptable to acceptable if requested by the Foundation. Examples include homeowner's owners/renters' insurance proof of policy requested or a certificate of insurance naming as an additional insured.

6. Liability Waiver and Release of Liability. With full knowledge and appreciation of the dangers inherent in the use of the Dake Foundation--provided equipment, all users, (and their representatives successors and assigns) voluntarily agree to waive any and all rights to sue and hereby releases , Board members, Medical Advisory Panel, staff and volunteers from all liability, loss, claims, damages (actual and consequential) for injury, death, expenses, or damage to person or property resulting use of the equipment, or resulting from any action or inaction by . This waiver and release are effective even if the injury, death or damage to person or property is caused by, or contributed to by, actions or failure to act of DF and which actions or inactions constitute ordinary negligence or a violation of any applicable law. It survives all terms of loan or equipment transfer agreement.

7. Miscellaneous

This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY. I UNDERSTAND

THAT IT IS A RELEASE OF ALL CLAIMS AS DESCRIBED ABOVE AND THAT I AM ASSUMING ALL RISKS INHERENT TO MY USE OF DF EQUIPMENT AND I AGREE TO BE FULLY BOUND BY ITS TERMS THIS AGREEMENT TO THE RECIPIENT TO THE DEGREE PERMITTED BY NEW YORK LAW.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands as of the day and year first above written.

Dake Foundation for Children Recipient:

By: _____ By: _____

Parent

Recipient (if age 18 or older)

Date: _____ Date: _____

The Dake Foundation has an adaptive equipment loaner program in which we would accept a gently used item back from a grant recipient once it has been outgrown. We ask that you consider donating your loved equipment to the Foundation to benefit other children

I/We agree to the following:

- A. I/We attest that the information provided in this application is, to the best of my knowledge, true and accurate.
- B. I/We agree to provide the Dake Foundation for Children confirmation of receipt of the granted item.
- C. I/We agree to provide a picture of the grantee with the granted item (for internal purposes only unless otherwise specified).

Signed: _____

Dated: _____