

DiDonato Paralysis Grant Program

Thank you for applying for the DiDonato Paralysis Foundation (DPF) Grant Program.

This program was created to help fund necessary equipment and services for individuals living with a spinal cord injury to regain independence and mobility. Grant funding can be used towards wheelchairs, exercise equipment, resources for education or employment, car and home modifications and recreational therapy. Grants do not fund: home mortgage, rent or loans, medical bills, debt, sports equipment or previously purchased items.

To qualify for a DiDonato Paralysis Foundation grant, an individual must be a resident of Maine and have sustained a traumatic spinal cord injury, defined as a sudden and immediate change in function as a result of trauma to the spinal cord. Examples include, but are not limited to, acts of violence, vehicular accidents, slips and falls, sports related injuries, effects of medical procedures.

To be considered for financial assistance, you are required to provide quote(s) from vendors for the item(s) you are requesting.

Applicants must provide (2) quotes for requests for items/equipment such as wheelchairs, equipment, home or car modifications or (1) quote for services such as therapy, care giving, educational or employment services.

Applicants must also have a Medical Verification of Disability form completed by a physician.

Please complete the following application and send with the completed Medical Verification of Disability form to DiDonato Paralysis Foundation, 40 Carriage Hill Road, Gorham, Maine 04038 or email it to thedpf@hotmail.com.

DiDonato Paralysis Grant Application

Contact information:

First Name: _____ Last
name: _____

Address Line
1: _____

Address Line
2: _____

City: _____ State: _____ Zip
code: _____

Gender: Female Male Date of Birth: _____ (mm/dd/yyyy)

Age: _____

Home Phone: _____ Cell
Phone: _____

Email: _____ Marital Status:

Do you have any children? Yes No Are you active or retired military: Yes No

Injury Date: _____ Level of
Injury: _____

Cause of
Injury: _____

Injury details: Complete Incomplete

Prognosis: _____

Primary Rehabilitation Therapist/Hospital/
Clinic: _____

Are you currently employed or attending school? Yes NO. If yes, where?

If you are not employed, are you seeking employment or have plans for future employment?

Annual income: \$_____ Monthly Income:\$_____

Total monthly expenses \$_____

Source(s) of income:

\$_____

Do you receive: Section 8 Yes No

 Child Support Yes No

 Alimony Yes No

 AFDC Yes No

 Food Stamps Yes No

 Disability Yes No

 Legal settlement Yes No

Please list what item(s) or service(s) you are seeking assistance for:_____

Total Dollar amount requested:

\$_____

Please share some information about yourself and why you are applying for this grant:_____

Please provide a quote for equipment and modifications

How will you be providing quotes to the DPF email mail

Do you have insurance? Yes No If yes, name of insurance:

Policy

type: _____

Please explain whether the insurance company has been able to assist with this request: _____

Have you applied with another organization to help with this same request? Yes No

If yes, please list the organization and the results: _____

How did you hear about us?

Waiver and Truth Statement

By signing below, I acknowledge and agree that: 1. DPF, its directors and officers, may ask for or learn of certain protected health information ("PHI") relating to my injury. In order to provide such information to the DPF, I may be requested to provide my hospital or healthcare provider with written authorization to disclose my PHI to the DPF. In connection with the foregoing, I understand that it is in my sole and absolute discretion whether to authorize the disclosure of certain PHI to the DPF. I understand that if I authorize the disclosure of my PHI to the DPF, I may revoke such authorization at any time by providing written notice to the DPF. (2) I am authorizing the DPF to use my name, pictures, biography, any information contained in this application, and certain PHI for marketing purposes. The DPF may use this information on its website, during presentations, in brochures, and in other similar marketing materials. I understand that I have the right to revoke my authorization at any time by giving the DPF written notice of such revocation. However, I understand that, based on the time of the month the revocation is received, the DPF may or may not be able to cancel my name, picture, biography, or other

related information in any upcoming publication, but that it will make a good faith effort to immediately accommodate my request. (3) I understand that the DPF has no obligation to accept my application, and or receipt of any grant, is in no way guaranteed. Whether a grant is awarded and, if awarded, the amount and terms and conditions attached thereto, shall be made in the sole and absolute discretion of the DPF (5) If I have any questions regarding the program, this application, or the scope of my authorization under this application, I will contact a DPF representative prior to signing and submitting this application. By signing below, I acknowledge that all the information provided on this application is true and correct in all material respects, and any false or misleading information submitted herein is grounds for my immediate elimination from consideration.

Print name: _____

Signature: _____

Date: _____