



# 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.

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## 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