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 disabilities 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 be living with a disability. Examples include, but are not limited to, Spinal Cord Injury, Cerebral Palsy, Spina Bifida, Poliomyelitis, Head Injury or Stroke.

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

Disability :_____

_____

Cause of
Injury:_____

_____

_____

Prognosis:_____

_____

_____

_____

Primary Rehabilitation Therapist/Hospital/
Clinic:_____

Are you currently employed or attending school? ☐Ye ☐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 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
_____

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.

Printname:_____

Signature:_____

Date:_____