



NeuroScaffold Foundation

"The Bridge to Success"

PO Box 143, Pomona, NY 10970

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E-mail: contact@NeuroScaffoldFoundation.org

www.NeuroScaffoldFoundation.org



APPLICATION FOR ASSISTANCE

Please submit completed form to NeuroScaffold Foundation via fax, e-mail or mail.

Basic Information					
Name		Age		Sex	
Street Address					
City		State		Zip	
Phone or, name & phone number where a message can be left					
Marital Status					
Who referred you to NSF?	Name		Phone		
If applicant is a minor, parent's or legal guardian's name(s)					
Street Address					
City		State		Zip	
Father's Employer				Work Phone	
Mother's Employer				Work Phone	

Employer Information			
Employer		City	
Phone		If unemployed, date of last employment	

Applicant History			
Has applicant received assistance from other organizations?			
When?		Where?	
Type of Assistance			
Date of Injury		Location of Injury	
How Injury Occurred			
Any progress since injury? If yes, please provide specifics			
Are you currently participating in a clinical trial? If yes, which one?		Location	
Have you been accepted into a clinical trial? If yes, which one?		Location	

Insurance Information			
Applicant's Insurance Co. (or parents', if minor)			
Insurance Phone			
How much of estimated cost will your insurance company cover?			
May we contact your insurance company?		Is applicant eligible for Medicaid or Medicare?	

Income Information								
Total income of applicant or parents	Weekly		Monthly		Annually		Other	
Is applicant or parent(s) receiving any type of aid?	Public aid	Welfare	Food stamps	Social Security	Unemployment Insurance	Union Benefits	Disability Insurance	Other
Monthly Expenses	Rent or mortgage		Food		Utilities		Credit Cards	
	Medical Insurance		Car		Other			

What assistance is requested from the organization? (describe in detail; attach separate sheet if necessary)

Urgency of need

I, the applicant (or parent), understand that I may be interviewed by telephone, or in person, if additional information or if clarification of this application is needed. I have answered all questions to the best of my ability.

Applicants Signature	Parent or Guardian Signature
Date	Date

Thank you for contacting NeuroScaffold Foundation. Our best wishes to you.



FOUNDATION USE ONLY			
Date of Review		Member	
Approved / Disapproved		Amount	
Service Approved		Referred to	
Date letter of approval or disapproval sent to applicant			
Notes			

Dedicated to helping Spinal Cord Injury (SCI) patients, including all current and future Neuro-Spinal Scaffold (NSS) recipients, obtain the tools they need to achieve maximum results with their recovery.