

APPLICATION
TBI Fund

DATE: __/__/__

NAME _____ TELEPHONE #: _____

ADDRESS: _____

DATE OF BIRTH: __/__/__ MALE__ FEMALE__

SOCIAL SECURITY #: _____ - _____ - _____

How did you hear about the fund?: _____

TYPE OF BRAIN INJURY (include brief description of deficits): _____

ITEM/SERVICE YOU ARE REQUESTING: _____

_____ COST: _____

How long will you need this item/service? _____

Is there an urgent need for this particular item/service? Yes__ No__

(If yes, please explain why it is urgent) _____

Vendor/Provider of Service: _____

Does the vendor have the proper license/insurance to provide item/service?

YES _____ NO _____

Please explain how this item/service relates to your disability needs and how it would benefit you. _____

What medical coverage do you have? (please check all that apply).

MEDICARE____ MEDICAID____

PRIVATE INSURANCE (please list)_____

What funding sources have you already explored? (please check all that apply). Medicare____ Medicaid____ Private Insurance_____

Part B (administered through PARI and OSCIL)____ DEA____ ORS____

Grants (please list) _____

Scholarships (please list)_____

Donations (please list source of donations):_____

School programs/resources (please list):_____

SIGNATURE OF APPLICANT:_____

Alternative contact (please include name and phone number): _____

Feel free to attach additional information to this application to support your request. *If item requested is equipment, you may be required to provide additional documentation (PT/OT Assessments, Tech Assessment, Doctors Prescriptions, and/or other equipment/safety assessments).*

SEND APPLICATION TO:

TBI FUND

Attn: Heather Sprague

PARI Independent Living Center

500 Prospect St.

Pawtucket, RI 02860

Fax: 401-725-2104

For questions regarding your application, please call 401-725-1966.