

Getting Back Up
Application for Assistance

Please complete all pages and questions on the application below.

Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Daytime Phone: _____ E-Mail Address: _____

Occupation: _____ Employer: _____

Person Completing Application (if different from Applicant): _____

Street Address: _____

City, State, Zip: _____

Daytime Phone: _____ E-Mail Address: _____

Relationship to Applicant: _____

How did you hear about Getting Back Up? _____

Do you have a spinal cord injury? YES: _____ NO: _____

Level of Injury: _____ ASIA Classification: _____

Date of Injury: _____ Please describe how your injury occurred: _____

Are you applying for exercise therapy? _____ Where? _____

Are you applying for products? _____ What Type? _____

Are you currently living in a nursing facility, group home, personal care home or other facility?

YES: _____ NO: _____

If yes, please describe: _____

If living in your own home, who do you live with? _____

Do you require personal assistance services? YES: _____ NO: _____

If yes, how many hours per day and who provides these services? _____

Do you have transportation available to you when you need it? YES: _____ NO: _____

If yes, what source and who pays for it? _____

Please describe briefly how the product or services you are requesting will be used? How will it benefit you? How will it improve your quality of life? _____

If you are granted assistance for exercise therapy, what are your plans once it is completed? Do you have a home program or someone to assist you with your long-term plans? _____

If you are granted assistance for products, what are your plans for usage? _____

Are there any other factors you wish to be taken into consideration (health factors, living arrangement, family or financial issues)? _____

Please indicate below, any other funding sources you have applied for and the status:

	Awaiting Eligibility	Eligible & Enrolled	Have Applied Not Eligible	Not Applicable
Personal Support Services				
Community Care Services (CCSP)	_____	_____	_____	_____
Independent Care Waiver Program (ICWP)	_____	_____	_____	_____
SOURCE Waiver	_____	_____	_____	_____
Financial Resources				
Medicaid	_____	_____	_____	_____
Medicare	_____	_____	_____	_____
SSI	_____	_____	_____	_____
SSDI	_____	_____	_____	_____

	Awaiting Eligibility	Eligible & Enrolled	Have Applied Not Eligible	Not Applicable
Private Insurance	_____	_____	_____	_____
Short Term Disability	_____	_____	_____	_____
Long Term Disability	_____	_____	_____	_____
PASS Plan	_____	_____	_____	_____
Bureau of Vocational Rehabilitation (BVR)	_____	_____	_____	_____
Indigent Care Trust Fund	_____	_____	_____	_____
Veteran's Administration	_____	_____	_____	_____
Other Funding Sources				
Centers for Independent Living	_____	_____	_____	_____
Victims Compensation Fund	_____	_____	_____	_____
Friends of Disabled Adults & Children	_____	_____	_____	_____
Assistance Technology Resource Centers	_____	_____	_____	_____

What is your current monthly income from all sources? _____

In order to be considered, please provide an estimated cost of the exercise therapy or products you are requesting by the agency, vendor or individual provider that will provide the requested services or goods:

1. Services or Goods: _____

Provider: _____

Address: _____

Phone: _____ Contact Person: _____

2. Services or Goods: _____

Provider: _____

Address: _____

Phone: _____ Contact Person: _____

3. Services or Goods: _____

Provider: _____

Address: _____

Phone: _____ Contact Person: _____

- A. By signing below, I certify that:
I have read and understand the criteria and guidelines set by GBU.
I have provided truthful, complete and accurate information on this applicant.
- B. I represent and assure GBU that, if I am granted assistance, I will:
Use the funds for the purpose stated in this application; and promptly report in writing to GBU any change in the availability of insurance and government funding sources that may affect my eligibility for funds.
- C. I understand and acknowledge that:
GBU has the right to rely on the information contained in this application or any subsequent amendments; and GBU has the right to withdraw or modify any assistance in the event that:
1. The information contained in this application or any subsequent amendment should at any time be determined to be false, incomplete, inaccurate, or misleading, or
 2. The funds are used for a purpose other than stated in this application, or
 3. GBU becomes aware of any change in my status or circumstance that may affect my eligibility, and
 4. It is my responsibility to determine if the receipt of funds legally impacts other benefits that I may receive.
- D. Media Clause Agreement:
I hereby give GBU the right to use my information, pictures, videos, etc. for any marketing purposes that will benefit GBU. I will provide the following:
1. Biography information
 2. A headshot photo
 3. Photo/Video from exercise therapy or use of products provided by GBU

I certify that, to the best of my knowledge and ability, the information included in the application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive any assistance from Getting Back Up, my name or any images may be used by Getting Back Up for media and/or promotional purposes.

PLEASE BE SURE TO SUBMIT A ONE-PAGE BIO AND PICTURE WITH YOUR APPLICATION.

Signature: _____

Date: _____