



**INSTRUCTIONS AND INFORMATION FOR APPLICATION FOR ASSISTANCE**

Getting Back Up is a tax-exempt, nonprofit organization that provides individuals with funding assistance to participate in exercise-based therapy programs or attain adaptable products suited to their needs.

All individuals must have a qualifying spinal cord injury as determined by The International Standards for Neurological Classification of Spinal Cord Injury (ISNSCI), commonly referred to as the ASIA Exam.

All information requested must be submitted for the application to be reviewed. Review process timing will vary throughout the year depending on the level of applications received.

**APPLICATION FOR ASSISTANCE**

(please print or type legibly)

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? \_\_\_\_\_

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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)? \_\_\_\_\_

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

	Awaiting Eligibility	Eligible & Enrolled	Have Applied Not Eligible	Not Applicable
<b>Personal Support Services</b>				
Community Care Services (CCSP)	_____	_____	_____	_____
Independent Care Waiver Program (ICWP)	_____	_____	_____	_____
SOURCE Waiver	_____	_____	_____	_____
<b>Financial Resources</b>				
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	_____	_____	_____	_____
<b>Other Funding Sources</b>				
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? \_\_\_\_\_

Please provide a summary below of the exercise therapy or products you are requesting. A copy of the vendor quote must also be attached and included with your application.

1. Services or Goods: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

2. Services or Goods: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_





**LIABILITY RELEASE, DISCLAIMER, AND AUTHORIZATION TO USE LIKENESS**

- 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. 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION CHECKLIST**

This checklist should be used by the applicant to ensure all requested information has been submitted. Applications that are not complete, will not be reviewed. It is your responsibility to ensure all the necessary documents have been submitted. Any questions should be addressed to [info@gettingbackup.org](mailto:info@gettingbackup.org).

YES	ITEM
	Completed application (all pages), including applicant biography.
	Vendor quote for all services or products for which you are requesting assistance.
	Recent photo of applicant.
	Signed and dated application.