



APPLICATION FOR DISTRIBUTION

PO Box 420016 | Atlanta, GA | 30342
404-662-9114 | info@andeesarmy.org

PATIENT INFORMATION

Date of Application

Patient Date of Birth

Patient Legal Name

Patient Nickname (If Applicable)

Patient Gender

Nature of Injury (Check all that apply):

Traumatic Brain Injury (TBI)

Non-Traumatic Brain Injury

Spinal Cord Injury (SCI)

Paraplegic

Quadriplegic

Date of Patient Injury/Diagnosis

Other (Please Specify Below)

Primary Medical Diagnosis (Please Attach Substantiating Documentation)

PARENT/GUARDIAN INFORMATION

Name

First

Last

Relationship to Applicant

Occupation

Mother

Father

Legal Guardian

Annual Income

Employer

Home Mailing Address

Address Line 1

Address Line 2

Address Line 3

Daytime Phone

Alternate Phone

Email

PARENT/GUARDIAN INFORMATION

Name

First

Last

Relationship to Applicant

Occupation

Mother

Father

Legal Guardian

Annual Income

Employer

Home Mailing Address

Address Line 1

Address Line 2

Address Line 3

Daytime Phone

Alternate Phone

Email

SOCIAL WORKER INFORMATION

Name

First

Last

Affiliated Hospital

Children's Healthcare of Atlanta (CHOA)

Shepherd Center

Other (Please Specify Below)

Other

Daytime Phone

Fax

Email

I have obtained an authorization to release and obtain protected medical information
on behalf of my patient/client

Social Worker Signature

PHYSICIAN INFORMATION

Name

First

Last

Affiliated Hospital

Children's Healthcare of Atlanta (CHOA)

Shepherd Center

Other (Please Specify Below)

Other

Daytime Phone

Fax

Email

I have enclosed a letter or other medical summary verifying the nature of applicant's injury or diagnosis

I have enclosed a letter or other medical summary demonstrating the medical value or appropriateness of the request

ASSISTANCE INFORMATION

Who referred or introduced you to Andee's Army?

Description of how the patient or parent learned about Andee's Army

Have you received assistance from Andee's Army in the past?

Yes, I have received assistance from Andee's Army

Year(s) and Amount(s) Awarded

No, I have not received assistance from Andee's Army

Have you applied for assistance from other organizations?

Yes, I have applied to the following organizations for assistance:

Organizations Applied To

No, I have not applied for other assistance

GRANT REQUEST

Request

Description of Request

Amount Requested

Description of Costs

Provider Name

Name of Business, Manufacturer, Organization or Group
that provides the requested items, therapies etc.

Provider Contact

Provider Phone

Provider Email

GRANT REQUEST

How will this request allow the applicant to live their life more fully?

Description of Benefits of Request

If the service or good you are requesting costs more than Andee's Army provides, how will you pay for the remaining cost if approved for an Andee's Army grant?

Description of Plans to Cover Any Excess Costs Not Covered by Andee's Army Grant

ENCLOSURES CHECKLIST

Please enclose the following documentation:

Verification of the nature of the injury or diagnosis by a medical professional

Verification of the need, value or appropriateness of the request by a medical professional

Quotes, invoices or other documentation verifying nature and cost of request

If applying for assistance with the purchase of a vehicle, copy of valid Georgia Drivers License

PUBLICITY AND LIABILITY RELEASE

The undersigned _____
in his or her name, or, if not over the age of 18, by and through his or her parent and/or legal
guardian _____
(individually or collectively "Applicant")

1. Hereby represent that I have requested that Andee's Army, Inc. ("Andee's Army"), a Georgia nonprofit, consider approval of my request for financial assistance on behalf of the named child. I further represent that I have the sole and unconditional authority to execute all legal documents on behalf of and am the legal guardian of, the named child.
2. As evidence by my signature set forth below, and in consideration of Andee's Army approving this financial assistance application, I understand and agree that Andee's Army and its agents are not responsible for any claims, judgments, causes of action or damages arising out of or relating to the receipt, use or enjoyment of this financial assistance, and I hold them harmless from any such claims and agree to indemnify same in the event of any claim, judgment, or action. This agreement shall apply to all claims, which are made in the future by any third party as a result of the use and enjoyment of this financial assistance.
3. I hereby represent that I have read, understand and agree to the Qualification Guidelines that have been provided to me, and certify that the information contained in the attached Andee's Army Patient Assistance Grant Application is true and correct.
4. I give my consent for representatives of Andee's Army to use my child's name and/or picture for the purposes of raising funds; to approve this financial application; to contact television, radio and newspaper media to do stories about my child's financial assistance for the purpose of increasing public awareness of their programs, goal and fundraising needs. I understand that my willingness to allow my child's name and picture to be used for publicity may help to facilitate the arrangements for financial assistance. However, my refusal to participate in Andee's Army publicity campaign will not determine whether Andee's Army decides to approve or disapprove the financial request for assistance; I understand that this publicity agreement will in no way affect my child's right to participate in the publicity campaign for any other organization. I am aware that videos and photographs may be taken during fulfillment of the financial assistance by the parents/guardians or by representatives of Andee's Army or by news stations and press, individually and on behalf of the family members listed below, and consent to be photographed and filmed without compensation. Photographs may be used for news articles, press releases, newsletters and/or on the website andeesarmy.com

Signature of applicant, or legal guardian

Sworn to me this _____ day of _____ 2018

Notary Public: _____

State of: _____

Signature of Notary

