



## Response – II Application

Response II is an outpatient care program which focuses on supporting the rehabilitation and re-integration needs of SCI survivors.

### Applicant Information

Name	
Street Address	
City ST ZIP Code	
Contact phone	
E-Mail Address	
Gender	
Date of Birth	
Name of Person Filling out Application	
Relationship to Applicant	

### Injury Information

Injury Level	
Injury Date	
Cause of Injury	
Extent of Injury	
Prognosis	

### Hospital Information (if applicable)

Name of Hospital	
Address	
Room #	
Contact Person	
Physician (optional)	

### Needed Equipment

	Description
Power Wheelchair	
Manual Wheelchair	
Bathroom Equipment (Please Specify)	
Home Modification (Please Specify)	
Vehicle Modification (Please Specify)	
Sports Equipment (Please Specify)	
Medical Equipment (Please Specify)	
Other	

If multiple items are requested, please prioritize them in order of importance to you by placing a 1 (most important) to selected number.

### Physician / Rehabilitation Information

Primary Care Physician	
Address (office)	
Contact number	
Primary Rehabilitation Therapist	
Address (clinic)	
Contact number	

### Financial Information

Martial status	Single <input type="checkbox"/> Married <input type="checkbox"/>
Number of dependents	
Annual Income:	\$
Source(s) of Income	

Please note that the HeadNorth Foundation may request proof of income in the form of a tax return or bank statement. All information is confidential and is used only for the purpose of evaluating your request.

### Services Needed

Care Giver	
Others	

### Insurance

Name of insurance	
Policy Type	
Contact Number	

## Supplemental Information

How will this grant help you?	
Briefly explain your immediate needs and concerns.	
Is there anything else you would like to tell us about yourself?	
How did you hear about The HeadNorth Foundation?	

### Waiver and Truth Statement

"Any decision by Head North Foundation (HN) as to: i) whether or not a grant is to be awarded and ii) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of HN. By your submission of this grant application to HN, you agree to be bound by the decision of HN and indemnify and hold HN harmless from any and all claims, actions and/or causes of action arising directly or indirectly as a result of HN's decision."

HN uses grantee bios and photos to assist in fundraising efforts to complete our mission. The statements and answers given in this grant application are true and correct. I understand that misstatements in this grant application could cause my application to be denied.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If under the age of 18, please have parent or guardian sign this Grant Request**

Guardian Name (printed) \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

**I AGREE**

