



APPLICATION FOR ASSISTANCE

Date _____

Applicant Information

Applicant's Name _____

Phone _____

Address: _____ City _____ Age _____

Sex _____

If no phone, please give a name & phone number where a message can be left:

Employer _____

_____ City _____ Phone _____

If unemployed, last date of employment _____

Marital status: Married _____ Single _____ Divorced _____ Widowed _____

Who referred you to the organization? Name _____ Phone _____

Minors

If applicant is a minor, parent's or legal guardian's name(s)

Address _____

_____ City _____ Phone _____

Father's Employer _____ Work Phone _____

Mother's Employer _____ Work Phone _____

Insurance

Applicant's insurance company (or parent's if minor) _____

Insurance phone _____

May we contact your insurance company? Yes ___ No ___

How much of the estimated cost will your insurance company cover? _____ Is applicant eligible for Medicaid or Medicare? _____

Total income of applicant or parent(s)? \$ _____ weekly _____ monthly _____ annual _____ other _____

Is applicant or parent(s) receiving any type of aid? (check each)

public aid ___ welfare ___ food stamps ___ other ___ Social Security ___ Unemployment insurance ___

Union Benefits ___ Disability insurance ___ Other? _____



Monthly Expenses

Rent or mortgage _____ Food _____ Utilities _____ Credit cards _____ Medical insurance _____ Car(s) payment(s) _____ Other _____

What assistance is requested from us? (please describe in detail)

(attach a separate sheet if necessary)

Urgency of need (this must be completed)

I, the applicant (or parent), understand that I may be interviewed by telephone, or in person, if additional information or if clarification of this application is needed. I have answered all questions to the best of my ability.

Applicant's signature

Parent or guardian signature

Date: _____

Please mail this application to The Save A Leg, Save A Life Foundation 4403 5TH AVE NE BRADENTON, FL 34208 or email to [info @ thesalsal.org](mailto:info@thesalsal.org)
Our best wishes to you.



FOUNDATION USE ONLY

Date of Review _____ Member _____ Approved ___ Disapproved ___ Date _____

Reason, if disapproved:

Service(s) approved _____

Date letter of approval or disapproval sent to applicant _____

Referred to _____ Date Provider notified _____

Notes: _____

