Jenkins Patient Assistance Fund

Date: 
Name: 
Address: 
City/State/Zip: 
Phone Number: 
Email Address: 

Application must be filled out in its entirety and be legible to be considered. Please allow sufficient time to be processed.

- Each application is reviewed by RSDSA’s Jenkins committee. It is a one-time award. We cannot provide a grant to subsidize your overall living expenses.
  - Do you currently have CRPS/RSD?  Yes  No – Please provide medical documentation that you have CRPS (must be within the last year).

1. Do you currently have a doctor that is treating your CRPS/RSD?  Yes  No
2. Are you currently employed and does your employer provide health insurance?  Yes  No
3. Are you currently living on your own or with a caregiver?  On my own  With a caregiver
4. If you are living with a caregiver are they?  Family Member  Friend  Paid Position
   If this is a paid position, who is paying for it? ____________________________________________
5. Are you applying for or currently receiving any of the following:

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<thead>
<tr>
<th></th>
<th>Applying for</th>
<th>Received</th>
<th>Amount</th>
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<tbody>
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<td>SSI</td>
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<td>Yes</td>
<td>No</td>
<td>When</td>
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If denied, have you reapplied?  Yes  No

Please attach a letter from the Social Security Administration stating that you have applied or have been awarded benefits. (a copy is acceptable)

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<thead>
<tr>
<th></th>
<th>Applying for</th>
<th>Received</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>SNAP</td>
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<td>Housing Assistance</td>
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<td>Grant for training or college</td>
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<td>Medicare</td>
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<td>Medicaid</td>
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<td>Workers’ Comp</td>
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<td>Other: such as faith community/Service club</td>
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6. What is the total net monthly income for your family? ________________________________
7. What are your total monthly medical expenses? ________________________________
8. Please include your latest IRS 1040 or 1040EZ (first page only)
9. So you attend support groups and/or educate yourself on your RSD/CRPS? □ Yes □ No
If yes, what groups do you attend or visit on-line?

10. Why do you feel you should receive assistance from the Brad Jenkins Patient Assistance Fund?

11. How did you find out about the Brad Jenkins Patient Assistance Fund?

12. If you’re applying for assistance to pay a heating or electricity bill, please document that you have approached the utility to set-up a payment plan or for shut-off protection. Have you applied for a Low Income Energy Assistance Program (LIHEAP) grant? If you are applying for help in paying your rent, please explain how you will pay it in the future.

Previously, the Brad Jenkins Patient Assistance Fund has funded the following requests:

- Patient co-pay for treatment at community health clinic
- Paid Pharmacy Co-pay for pain medicine refill when insurance denied payment
- Purchased motor scooter for person with CRPS and cancer who was unable to walk long distances
- Paid for travel costs to visit out-of-state pain specialist
- Paid for lodging for patient to consult with out-of-state pain specialist
- Paid for 4 phone consultations with pain psychologist for a person with CRPS when Workers Compensation refused to pay for counseling.
- Paid for MRI to rule out another condition in order to help make the diagnosis of CRPS
- Paid emergency propane fill-up while recipient waits for approval from LEAP Program
- Paid for utility shut-off notices

REQUEST FOR FINANCIAL ASSISTANCE APPLICATION

Please list additional circumstances that you would like us to consider in determining your eligibility. Please attach a typed statement if more space is needed to answer any of the questions.

For additional information about the Brad Jenkins Patient Assistance Fund call: 877.662.7737