Brad 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 for it to be processed. Each application is reviewed by RSDSAs Jenkins committee.

- **The grant is for non-emergency financial expenses only. It is a one-time award. It is a one-time award of up to $1000.**
  We may cover the costs of medications, travel to see medical professionals, utilities, food, and other costs.
  We will not pay for expenses already incurred for medical care.
- Do you currently have CRPS/RSD? ☐ Yes ☐ No – **If you answered yes, please provide medical documentation that you have CRPS (must be within the one year of the date of this application). If this is missing, we cannot process your request.**

1. Do you currently have a doctor that is treating your CRPS/RSD? ☐ Yes ☐ No
2. Are you currently employed? ☐ Yes ☐ No
3. If employed, does your employer provide health insurance? ☐ Yes ☐ No
4. Are you covered by other insurance? Medicare ☐ Medicaid ☐ Other ☐
5. Are you currently living on your own or with a caregiver? ☐ On my own ☐ With a caregiver
6. Do you get assistance from another source? Yes ☐ No ☐
7. Are you applying for or currently receiving any of the following?

	Applying for	Received	Amount
SSI	☐	☐	
SSDI	☐	☐	
	Yes	**No**	**When**
If denied, have you reapplied?	☐	☐	
Please attach a letter from the Social Security Administration stating that you have applied or have been awarded benefits. (a copy is acceptable)			
	Applying for	**Received**	**Amount**
SNAP	☐	☐	
Housing Assistance	☐	☐	
Grant for training or college	☐	☐	
Medicare	☐	☐	
Medicaid	☐	☐	
Workers' Comp	☐	☐	
Other: such as Faith Community/Service Club	☐	☐	

8. What is the total net monthly income for your **household**? _____

9. What are your total monthly medical expenses? _____

10. Please include your latest IRS 1040 or 1040EZ *(first page only)*

11. Have you applied for assistance with paying rent, utilities, etc.? ☐ Yes ☐ No

12. If you have applied for assistance to pay a heating or electricity bill, please provide documentation that you have approached the utility to set up a payment plan or for shut-off protection. This would include your application for Low-Income Energy Assistance Program (LIHEAP) grant or for help in paying your rent, please explain how you would pay in the future.

---

13. Please list the dollar costs that you are requesting (i.e., Rent, Bills, Treatments, etc.) and include documentation to support your request.

Applications will be reviewed by RSDSA's Jenkins Assistance Program committee, case by case.

Important: If your application is not complete, RSDSA won't be able to put it through the approval process.

Use the Checklist is below to be sure you have included all documentation:

☐ **What you are specifically asking for. (**Past funds have been distributed for medicines, treatments, travel costs, lodging for visits out of state, phone consultations, MRIs, utilities, car insurance, co-pays for treatment, motor scooters, etc.)

☐ **Dollar Amount of your request including invoices as proof of documentation**

☐ **A copy of your most recent diagnosis from your Medical Provider (received within the last year)**

Financials:

- ☐ **Social Security income**
- ☐ **Taxes** (Top page only)
- ☐ **Proof of income**
- ☐ **Total Net Income for your household**
- ☐ **Total monthly medical expenses**
- ☐ **Any Assistance that you are receiving (Housing, SNAP, Medicaid, Workman's Comp, etc.)**

How did you find out about our programs? ☐ **RSDSA website** ☐ **Word of Mouth** ☐ **Brochure** ☐ **Social Media**