

The Muscle Movement Foundation's mission is to provide financial and emotional support to families living with neuromuscular disease, while promoting a healthy lifestyle. In this, we inspire the community to use their 'healthy muscles' to help those living with 'sick muscles'. The Muscle Movement Foundation provides grants to minimize the financial hardship that is directly attributable to the individual's illness. As of 03/2015, you must be a patient residing in one of the following states: DE, PA, MD, NJ.

APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE PRINT

Patient Name: _____

(to be completed by parent/legal guardian if under the age of 18)

Parent/Legal Guardian Name: _____

SSN: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell phone: _____

E-mail Address: _____

Intended use of grant:

By signing this application, you are agreeing to allow publication of your name and medical condition by The Muscle Movement Foundation. Additionally, by signing this, you are giving your medical professionals and The Muscle Movement Foundation permission to share medical information about your case. Finally, by signing this, you are consenting to allow The Muscle Movement to share (if applicable) your application with other organizations in an effort to, potentially, gain additional funds for you.

Signature: _____

MEDICAL INFORMATION

(to be completed by a medical professional)

Patient's Diagnosis: _____

Date of Diagnosis: _____

Patient's treating doctor: _____

Treating hospital/clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Please describe the patient's medical condition including anticipated hospital stays, treatments, and prognosis.

Name and Title (print)

Signature

Date

Email address

By signing this application, you are attesting to the exactness of the information on both pages, to the best of your knowledge. Dishonorable applications may result in your institution being regarded as ineligible to receive assistance from the Muscle Movement Foundation. Please be sure that the entire application is complete prior to submission. If any fields are incomplete the application will be dismissed.

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