



The Muscle Movement Foundation (MMF) continues to provide financial and emotional support to families living with neuromuscular disease in the United States. The MMF's *Muscle Champion Support Program* provides grants to minimize the financial hardship that is directly related to the individual's illness. As of 1/1/2016, the patient must reside in one of the following states to receive assistance: DE, PA, MD, NJ.

APPLICATION FOR FINANCIAL ASSISTANCE

Application to be completed by parent/legal guardian if patient is under the age of 18. (PLEASE PRINT)

Parent/Legal Guardian Name(s): _____

Patient Name: _____

SSN: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____

By signing this application, you are giving consent to the following:

- 1.) Your medical professional, medical institution, and the Muscle Movement Foundation has permission to share medical information about your specific case.
- 2.) The Muscle Movement Foundation has permission to publicize your name, medical condition, and related story to raise awareness and funds.
- 3.) The Muscle Movement Foundation has permission to share your application with other organizations in efforts to gain additional financial, physical, and/or emotional support for you.

Name (Print): _____ Signature: _____

MEDICAL INFORMATION

Application to be completed by medical professional. (PLEASE PRINT)

Diagnosis: _____ Date of Diagnosis: _____

Treating Doctor: _____

Treating hospital/clinic: _____

Address: _____

City, State

Zip

Phone: _____

Please describe the patient's medical condition including treatments and prognosis:

Name (print):_____ Signature:_____

Date:_____ Email Address:_____

By signing this application, you:

- 1.) Have provided accurate evidence of all information on both pages.
- 2.) Understand dishonorable applications may result in your institution being regarded as ineligible to receive assistance from the Muscle Movement Foundation.
- 3.) Understand if any section of the application is incomplete the application will be dismissed. All applications need to be completed in full.

12 Winston Ave., Wilmington, DE, 19804

www.musclemovementfoundation.org

Email: Themmo2012@gmail.com

