



## CLIENT ELIGIBILITY APPLICATION

Steps of Faith is a nonprofit public charity dedicated to providing prosthetic care, hope, and comfort to amputees needing financial support.

The availability of financial assistance is dependent on financial/fund-raising conditions of Steps of Faith, and the award of financial assistances to any patient is solely at Steps of Faith's discretion. **Financial assistance, if provided, may be on a sliding scale basis, dependent in part upon the patient's income, assets, and other means or partial payments from insurance carriers.**

Any patient seeking benefit for assistance must timely cooperate in providing required information and assisting in completing necessary applications. To be eligible for financial assistance, patients are responsible for and must complete the required application and supply all the information required in this application. The supporting documentation required with the application includes, but are not limited to the following:

1. All W2'S forms from the previous year & Income Tax records.
2. Pay stubs for family for the past three months
3. Evidence of fixed income from Social Security, Workman's Compensations, Pensions, Disability, Child Support, Alimony and/or Unemployment Compensations
4. All Checking and Savings account statements for the past three months
5. If the above cannot be supplied, a written explanation as to why must accompany this application.

The application form for the financial assistance requires a complete and thorough listing of family income, assets, liabilities, family size and the attachment of a number of documents. All of the answers and requested materials are required and will be used to determine eligibility for assistance.

Steps of Faith and its financial assistance policy are voluntary and discretionary and nothing in this explanation or its program is intended to create a right of contract of benefit.

Failure to provide the following required information or an explanation as to why this information is not available may delay the processing of your application and could result in a denial for assistance. Every reasonable effort will be made to process your application promptly and once your application has been reviewed you will receive a letter confirming the outcome.

# PATIENT INFORMATION

Date of Application: \_\_\_\_\_

**Section One:** Patient Information. Give your full name, address and other information.

*\*If the patient is a minor, please list parent or guardian as the applicant*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Widowed ( ) Divorced ( ) Separated

Number of Dependents \_\_\_\_\_ *\*Complete Section Four*

Height:

Weight:

Date of Amputation:

Amputation Level (above knee, below knee, above elbow, etc.)

Reason for amputation

\_\_ Work Injury

\_\_ Auto Accident

\_\_ Diabetic

\_\_ Other \_\_\_\_\_

Do you have health insurance?

If yes, who is your insurance provider?

**Do you have means to make payments or raise funds?**

**Do you currently have a prosthesis? If yes, for how long?**

**Do you currently have a prosthetist whom you have met with?**

**Do you use any ambulatory aids? (ie: walker, crutches, etc.)**

**Do you have any issues with any of your other limbs?**

**Describe your daily activity.**

**How can Steps of Faith best serve you?**

**What is your chosen profession?**

**Are you able to participate in your chosen profession since your amputation?**

**What are your biggest daily struggles living with an amputation?**

**How will your life be different when you receive your new prosthesis?**

**How did you hear about Steps of Faith?**

**Please share any other relevant information.**

**Are you currently employed? ( ) Yes ( ) No**

*\*If you are not working, how long have you been unemployed, and have you applied for unemployment or are you already receiving unemployment?*

\_\_\_\_\_

Current Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

**Section Two: Financial Information**

<b>Monthly Sources</b>	<b>Income Applicant</b>	<b>Spouse</b>	<b>Totals</b>
	\$	\$	\$
Employment Income	-	-	-
Social Security Income	\$	\$	\$
Disability Income	-	-	-
Unemployment Income	\$	\$	\$
Spousal/Child Support	-	-	-
Rental Property	\$	\$	\$
Investment Income	-	-	-
Other Income	\$	\$	\$
	-	-	-
		<b>Total</b>	\$
			-

UNEMPLOYMENT: If you do not have monthly income, please explain how you take care of your monthly expenses:

---



---



---

**Section Three: Family Information-** List all family members in your household named on the most recent federal tax return and their dates of birth.

--	--

<b>Name of the Family Members</b>	<b>Date of Birth</b>	<b>Relationship to Patient</b>
1		
2		
3		
4		
5		
6		
7		
8		

**Section Four:** Estimated Monthly Living Expenses

Monthly Expenses	Monthly Payments	Monthly Expenses	Monthly Payments
House/Mortgage Payment	\$ -	Automobile Insurance	\$ -
Property Taxes	\$ -	Liens/Wage Garnishments	\$ -
Home Owner's Insurance	\$ -	List other monthly payments	\$ -
Utilities (Electricity, gas, water)	\$ -	<b>(Please explain others-)</b>	\$ -
Food	\$ -	other-	\$ -
Home Phone	\$ -	other-	\$ -
Cell Phone	\$ -	other-	\$ -
Child Support	\$ -	other-	\$ -
Child Care	\$ -	other-	\$ -
Credit Cards	\$ -	other-	\$ -
Health Insurance Premiums	\$ -	other-	\$ -
Medical & Dental Bills	\$ -		\$ -
Car Payment or Mode of Transportation	\$ -		\$ -
		<b>Total</b>	\$ -

**Section Five:** Additional Information & Comments

---



---



---

**Section Six:** Signature

I certify that all information is valid and complete and hereby authorize Steps of Faith to verify any of the above information as deemed necessary.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Section Seven: Photo Release**

I hereby give Steps of Faith Foundation "SOF" permission to use images of me (including any motion picture or still photographs made by SOF of my likeness, poses, acts and appearances or the sound records made by SOF of my voice) ("Images") for any purposes in connection with promoting SOF and its activities (the "Purposes"), which may include advertising, promotion and marketing. SOF may crop, alter or modify Images of me and combine such Images with other images, text, audio recordings and graphics without notifying me.

\*\*Agreement is not required to receive help.

(Initial below)

Agree \_\_\_\_\_ Disagree \_\_\_\_\_

## **RELEASE OF LIABILITY**

In exchange for the services provided by Steps of Faith Foundation organized by Steps of Faith, a Tennessee 501(c)3 organization ("**Steps of Faith**"), of P.O. box 111625, Nashville, TN, 37222 and/or use of the property, facilities, and services of Steps of Faith, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Steps of Faith, or the employees, representatives or agents of Steps of Faith
2. I recognize that there are certain inherent risks associated with the activities of Steps of Faith and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Steps of Faith for injury, loss or damage arising out of my or my family's use or participation in the services offered by Steps of Faith, whether caused by the fault of myself, my family, Steps of Faith, or other third parties.
3. I agree to indemnify and defend Steps of Faith against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or participation in the services provided by Steps of Faith.

4. I agree to pay for all damages to the facilities utilized during the services provided by Steps of Faith caused by me or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Tennessee law.
6. I agree and acknowledge that I am under no pressure or duress to sign this agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this agreement if I so desire.
7. This agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
8. The invalidity or unenforceability of any provision of this agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this agreement.
9. In case of emergency, please call \_\_\_\_\_(relationship \_\_\_\_\_ ) at \_\_\_\_\_ (telephone #).

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGING THE RELEASE, I VOLUNTARILY WAIVE CERTAIN LEGAL RIGHTS.**

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Return completed application to:

Billy Brimblecom, Executive Director  
P.O. Box 15064  
Lenexa, KS 66285  
615-426-6034  
**or scan and email to**  
**[billy@stepsofffaithfoundation.org](mailto:billy@stepsofffaithfoundation.org)**