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Application for Disbursement

Application Date: _____ Applicant Name: _____

Applicant Address: _____

Phone / Email: _____

Date & Level of Injury: _____

Device(s) / Equipment Needed: _____

Equipment Necessity Reason: _____

Estimated Value(s): _____

Vendor Info (attach quote): _____

Insurance Denial Reason: _____

Contact Name: (if different from applicant) _____

Contact Address: _____

Phone / Email: _____

Relationship to Applicant: _____

Note: Filling out this application does not mean funds will automatically be dispersed. All applications are reviewed and approved or rejected by the board of directors based on available funds. No money will be dispersed to an individual, From One Family to Another will purchase the necessary item directly from the vendor.