

**Diabetes Assistance Application
Attachment 1
Request for Essential Diabetes Supplies (REDS)**

Use this attachment to apply for free diabetes and insulin pump supplies.

To qualify for monthly assistance you must:

- Have no insurance coverage for items you are requesting; or
- If you have insurance have a co-pay of \$40 or more per prescription; or
- Have satisfactorily demonstrated other reasons for financial hardship.

Our ability to provide free supplies is limited to available program funding at any given time. This program *may* award 1-3 months of financial assistance to help you – it is not intended to serve as a long-term solution for your diabetes supplies. If you have been denied assistance elsewhere or have run out of assistance through another program please send a copy of proof with your application – it may help us process your application sooner and increase your eligibility for benefits.

Terms and Conditions for Ordering Supplies

I, _____ (print your name) am ordering these supplies for the exclusive private use of myself or a dependent applicant child (whomever is approved for the REDS program). I promise that I will not resell, give away, or otherwise seek to benefit financially from any form of distribution of these supplies.

Further, I agree that by ordering supplies, whether or not I receive supplies, I release and hold harmless (i.e., I will not sue, file complaints, seek damages against, or take any legal action against) IPump.org, Inc. and/or any and all of its officers, board members, volunteers, staff, or donors, from any and all liability, injury, and/or damages that may arise from receiving or using the supplies sent by IPump.org, Inc.

I understand that any supplies sent to me may have been donated to IPump.org, Inc. by other businesses or individuals and may or may not be brand new.

Further, I agree to accept “as is” any and all supplies sent to me by IPump.org, Inc, and agree that if I have any problems, concerns, or questions whatsoever with any item(s) I receive that I am responsible for contacting the manufacturer of the item for any and all questions, inquires, and resolutions relating to the product including, but not necessarily limited to: package labeling, inserts, or instructions; quality, defects, or missing parts; expiration dates; or any and all other product issues or concerns.

Sign and return with your application and order form.

Signed

Date

Disclaimer: Our inventory changes daily. We are in no way obligated, even to those approved for this program, to fulfill any request for supplies that we deem unreasonable or excessive or suspicious in nature, or that we do not have items in stock for.

REDS SUPPLY ORDER FORM

If you write "yes" to let us substitute test strips and lancets, we will also send a glucose meter or lancing device to match the substituted supplies. Your best chances of getting free supplies is to be flexible whenever possible.

Your name (first, middle, last)	Client number (if known)	
Residential address – no post office boxes – if in a shelter, include contact name of social worker		
City	State	Zip code
If we have questions about your order how should we contact you?		

Non-Prescription Supplies Being Requested

Supply	Brand/Model	Substitute?	Quantity
Glucose Meter			
Test Strips			
Lancing Device			
Lancets			
Glucose Tabs	We determine brand based on availability.	N/A	
Urine Ketone Strips	We determine brand based on availability.	N/A	
IV3000 Film or similar			
IV Prep Pads			
Sharps Container	We determine brand based on availability.		

You may attach a separate sheet listing other non-prescription items you need that are not listed above.

Prescription Supplies Being Requested

Supply	Brand/Model AND Product Number <i>We will NOT guess -- please be exact!</i>	Size/Length/Dose/Gauge	Quantity
Insulin Pump Reservoirs (cartridges)			
Infusion Sets (Cannulas) You must include length			
Test Strips for BD Paradigm Link Meters			
Syringes & Pen needles – You MUST list unit dose, needle size/length, etc.!			

Where should we send your prescription supplies? Pen needles, syringes, certain pump supplies, and other prescription items must be sent to a doctor, clinic, CDE, or other health professional licensed to distribute prescription items. **To get prescription supplies you must attach a prescription from your doctor. You may attach a separate sheet for other prescription items you need not included above (no medications).**

Name of Facility or Practice _____

Dr's. Name _____ Phone: _____

Address _____