



## Individual Assistance Application Check List

(Please check off items and return this list with your application)

Should we email you when your application arrives? \_\_\_\_\_  
(PLEASE PRINT CLEARLY or we cannot email you)

- ✓ \_\_\_\_\_ Did you complete and attach the Eligibility Test?
- ✓ \_\_\_\_\_ Have you answered ALL questions on the application? Due to the volume of applications we receive we cannot call or email you to ask questions – your incomplete application will be returned to you.
- ✓ \_\_\_\_\_ Did you attach copies of supportive financial records that help demonstrate your financial need? *We will not process your application without some evidence of your hardship!* Supporting documents that help us serve you faster include:
  - \_\_\_\_\_ Current bank statement and paycheck stub
  - \_\_\_\_\_ Copies of delinquent medical bills
  - \_\_\_\_\_ Letters from insurance companies denying claims or coverage
  - \_\_\_\_\_ Copies of insurance policy restrictions (that shows diabetes is not covered)
  - \_\_\_\_\_ Or *anything* else that shows, despite income, you are having a hard time.
- ✓ \_\_\_\_\_ If you are requesting financial assistance did you attach proof of how much you pay out of pocket for insulin, BYETTA, or Symlin?
- ✓ \_\_\_\_\_ Did you attach a prescription for any of the following if you are requesting them: an insulin pump, insulin pump supplies, pen needles, or syringes?
- ✓ \_\_\_\_\_ Did you attach a copy of insurance card (if you have insurance)?
- ✓ \_\_\_\_\_ Did you attach a copy of your driver's license (or other proof of citizenship)? *Until we have proof that you are the person who submitted this application we will not be able to send you assistance even if your application is approved.*
- ✓ \_\_\_\_\_ Did you select an attachment for one of our programs so we know what type of assistance you are requesting (i.e., IMAP, REDS, or IPUMP)?
- ✓ \_\_\_\_\_ Did you sign AND date the application?

**Disclaimer:** IPump.org, Inc. offers no express or implied promise or guarantee that any assistance will be granted simply because you submit an application. Assistance may be denied or restricted based on available program funding at any given time, or, for any other reason at the sole discretion of the Board. We do not deny assistance based on age, sex, lifestyle, creed, nationality, disability, religion, affiliation, or any reason other than failure to demonstrate financial and medical need for assistance.

For your records: I sent my application to IPump.org, Inc. on \_\_\_\_\_ (date)