



Individual Assistance Application Check List

Applications

- ✓ _____ 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 – an incomplete application will be returned to you.**
- ✓ _____ Did you complete Section 2 and attach a brief statement about your situation?
- ✓ _____ Did you sign and date the application?
- ✓ _____ Did you complete a REDS Supply Order Form (if you are applying for the free supplies program)?
- ✓ _____ Did you complete an IPUMP Assistance Form (if you are applying for an insulin pump)?

Attachments

- ✓ _____ 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 at least one:
 - _____ Copy of anything that shows you already qualify for another assistance program (like food stamps, free insulin, etc.)
 - _____ Current bank statement or 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 why you are having a hard time.
- ✓ _____ 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? **(We do NOT supply insulin or medications so please do not send a prescription for these items.)**
- ✓ _____ Did you attach a copy of your driver's license (or other proof of citizenship)? **We must have this to show that you are the person who submitted the application.**
- ✓ _____ Did you complete and attach your HIPAA form (required by law)?

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 for any reason other than failure to demonstrate financial and medical need for assistance, or because we lack the resources to help.

Mail Applications to: iPump, 2250 Alyssum Avenue, Upland, CA 91784