



Sponsored Assistance Application Check List

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

Do you wish to be emailed when your application arrives? Yes No

PRINT CLEARLY or we cannot email you _____
Email address

- ✓ 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 sign the “Permission to Release Financial and Personal Information” so we can communicate with your Sponsor about your application?
- ✓ 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 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?

Important Privacy Notification: When a decision is made on your application you will be sent a letter letting you know if you have been approved. A copy of this letter is also sent to your Sponsor. If you do not wish to have your Sponsor notified of our decision then you will need to submit an Individual Application instead.

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)