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Diabetes Assistance Application for an Individual Section 1. Applicant Information

If you are married you must include spouse's income and insurance benefits on this application if you or applicant child benefits from the spouse's income or insurance benefits even if you do not live together.

Applicant	Title	Applicant's name (first, middle, last)	
	(Mr, Mrs, Ms, etc)	Social Security Number	Driver's license (state & number)

Spouse	Title	Spouse's name (first, middle, last)	
	(Mr, Mrs, Ms, etc)	Social Security Number	Driver's license (state & number)

Applicant status	Single []	Married []	Divorced []	Student []	Widow/er []
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Number of dependents	Self []	Spouse []	Children []	Total []
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Who is assistance for?	Self []	Dependent child []	Disabled spouse []
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Applicant's Physical Address

Residential address – no post office boxes – if in a shelter, include contact name of social worker		
City	State	Zip code
How long at this address?	County of residence	

Contact Information

Applicant	Home phone	Work phone	E-mail address PRINT CLEARLY!!
Spouse	Home phone	Work phone	E-mail address PRINT CLEARLY!!
Can we e-mail confidential information to applicant's e-mail address above? [] Yes [] No			
Is it okay to contact applicant at work? [] Yes [] No			



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Information you provide or that we discover during the application process will only be used to determine whether or not we will be able to assist you. We do not share your information with any one else.

Section 2. Medical Information

Disabled spouse. If your spouse is unable to complete this application on their own due to a disability, you may complete and submit it on their behalf.

Disabled spouse's name (first, middle, last name)			Social security number	
Date of birth	Disability (type)	Type of diabetes	Date Diagnosed	Where spouse lives
Number of shots daily	Are you on a pump now?		How often is blood sugar tested daily?	

If you are applying for a **dependent child** please complete the following section.

Child's name (first, middle, last name)			Social security number	
Date of birth	Current age	Type of diabetes	Date of Diagnosis	Where child lives
Number of shots daily	On insulin pump?		How often is blood sugar tested daily?	
Is child a part- or full-time college student?		If yes, where does student attend?		

If you are applying for **yourself** please complete the following section.

Date of birth	Current age	Type of diabetes	Date of Diagnosis	Live at home?
Number of shots daily	On insulin pump?		How often is blood sugar tested daily?	
Are you a part- or full-time college student?		If yes, where do you attend?		

Section 2A. Treating Physician Information for person to receive our assistance

Mailing address of patient's treating physician		
City	State	Zip code
Phone	Name of physician	

Note: We must be able to have your physician verify diagnosis, prescriptions, medical needs, and insurance coverage in order to help us provide the right assistance for you. Also, certain prescription supplies may need to be shipped to your doctor for you to pick up.



Section 3. Insurance Information

Is your insurance company refusing to pay for diabetes care, supplies, or an insulin pump? If you are entitled to benefits that your insurance company is not providing to you, please contact us for free legal support to help you resolve your insurance problems before submitting an application for assistance. Many states require that your diabetes care and supplies be covered which may include the cost of an insulin pump when your doctor feels that it is medically necessary for you to properly manage your diabetes.

Does the person for whom you are applying for assistance have any health insurance at all?

Yes No

Does the person for whom you are applying for assistance receive:

- Medicare
- Medicaid
- or any other form of public, private or government assistance for health care costs?

Insurance information (for the person you are applying to receive the assistance, i.e., self, dependent child, or disabled spouse)

Policy Holder's Name	Policy/Group #	Insurance company

Is the health insurance (check all that apply):

- Private plan
- Through employer
- Through state or other major medical risk program
- COBRA plan
- PPO
- HMO
- Hospital, clinic or other social service program
- Other (describe)

Please attach a photocopy of your insurance card or copy of an approval or denial letter from any other insurance or medical assistance program.

Section 4. Financial Information

Expenses		Income		
Payment	Average monthly expense	Source of income	Monthly TAKE HOME	Other (yearly, etc.)
Rent/mortgage		Applicant's job		
All utilities (combined)		Spouse's job		
Telephone/cell/Internet/Cable		Student's job		
Car payments		Child support (must include as income)		
Loans or credit card payments		Alimony (must include as income)		
Health Insurance		Disability, WIC, Social security, etc. ⁽²⁾		
Out of pocket medical costs		Any & ALL other assistance (churches, private, etc.) ⁽²⁾		
Other insurance		Money from family, friends, or parents		
Groceries		Any form of self-employment		
Tuition or Student Loans		Any other income anticipated during next 90 days		
Savings or Tithes		Investments (property rental, sales, interest, etc.)		
Other Expenses ⁽¹⁾		Other income ⁽¹⁾		
TOTAL EXPENSES		TOTAL INCOME		

Note (1) "Other" monthly income or expenses, includes child support, alimony, dentist, clothing, fitness clubs, etc. You do not have to detail these expenses unless you want to but if we see high "Other" expenses we will probably ask what those expense are.

Note (2) Please include any and all forms of private, public, special, temporary, gift, or government assistance. In many cases if you can show proof of already receiving other assistance your application may be able to be completed faster.

IMPORTANT!! As a nonprofit we are bound by strict IRS guidelines – we must have documentation to show us that the income and expenses above are accurate. Be sure to attach documentation to show your hardship or we cannot process your application or we cannot assist you.



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Section 5. Employment Information

Employee Information	Applicant	Spouse	Student
Employer (write "Self") if you are self employed			
Name of supervisor & phone number			
Your title or position			
Length of employment			
Gross salary or wages (before taxes and any deductions)			
Bonuses, commissions, tips, or other periodic income			

Section 6. Biographical Information

Applications do not let a person tell their entire story and our Board wants to make informed decisions not based primarily on income. Therefore, we ask that you attach a separate sheet and briefly tell us something about yourself or your situation that might not be addressed elsewhere in this application. All biographies submitted will be held in strictest confidence.

Section 7. General Disclaimer and Terms and Conditions

Please initial each paragraph in the lined spaces below to indicate that you have read, understand, and accept our Disclaimer and Terms and conditions for submitting your application.

_____ Under penalty of perjury, I (we) the undersigned certify and swear that all information in this application is current, true, complete, and accurate to the best of my (our) knowledge. Further, I (we) understand that providing false, inaccurate, incomplete, or misleading information constitutes fraud and will result in permanently being denied any assistance from IPump.org, Inc.

_____ I (we) understand that IPump.org, Inc. may request additional information as deemed necessary to process my (our) application, including but not necessarily limited to, proof of income, assets, liabilities, employment, insurance, medical records, and citizenship.

_____ I (we) have been informed that disbursement for approved applications is not necessarily done on a first-come, first-served basis. Further, I (we) understand that IPump.org, Inc. reserves the right to deny or approve or increase or reduce the amount of assistance I (we) have requested at its sole discretion.

Applicant's Signature & Date

Co-Applicant or Spouse's Signature & Date

Send completed application and all attachments to: IPump.org, Inc., 2250 Alyssum Avenue, Upland, CA 91784. If you do not have email and want to be notified when we receive your application you must enclose a self-address, stamped envelope otherwise we will send you a letter only when a decision has been reached about your application.