

The Joyce & Arthur Siegfried Memorial Fund

Application for Purchase of New Bracing or Custom-Made/Modified Shoes

DATE: _____

1) Name: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

Birthdate: _____ E-mail: _____

Phone: _____ Fax: _____

Please indicate best time for telephone interview. _____

2) Are you a member of PHI? ☐ Yes ☐ No

If not, how did you hear about this opportunity for funds? _____

3) What year did you initially contract polio? _____

4) How will this purchase of bracing or shoes impact your ability to live independently?
(Add another sheet if needed, but limit your response to 750 words.)

5) Was the purchase recommended/prescribed by a health professional? ☐ Yes ☐ No

6) What type/brand of new bracing or custom-made/modified shoes will assist you in living independently? _____

- 7) Please supply information about the company who has agreed to supply your braces/shoes.

Name: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

Phone: _____ Hours: _____

Name of orthotist/pedorthist and phone (if different from above): _____

- 8) Do you have medical insurance? ☐ Yes ☐ No (If no, skip to #9)

Please note checking **NO** indicates that you have no medical insurance available to you at all.

Do you have Medicare? ☐ Yes ☐ No

As applicable, please state **secondary** insurance company name:

As applicable, please state any other medical coverage such as state, county:

- 9) **Financial Worksheet** (Please attach a copy of the bill/invoice/estimate from the company.)

Total cost of Purchase	Round cost up to nearest dollar.	\$.00
Insurance payment (Primary)	<i>Amount to be subtracted.</i>	(\$.00)
Insurance payment (Secondary)	<i>Amount to be subtracted.</i>	(\$.00)
Additional funding	<i>Amount to be subtracted.</i>	(\$.00)
Total amount unpaid	Total should reflect cost after all payments are deducted.	\$.00
Total amount requested	Not to exceed \$800.00	\$.00

Send your application along with any supporting documentation to:

Post-Polio Health International, 50 Crestwood Executive Ctr #440, Saint Louis, MO 63126-1916.

All materials submitted to **Post-Polio Health International** become property of Post-Polio Health International and will not be returned to you; please copy any documents you submit for your own records. Application must be approved prior to purchase of shoes or braces. Thank you.