

*Project Sloopy*



Medical Supply & Assistance Application:

Name:

(if under 18) Parent or Guardian's Name:

Address:

Email:

Phone number(s):

Home:

Work:

Cell:

Nature of Disability/Diagnosis/Illness:

Please describe the supplies you need:

Does your insurance cover any of the above requested assistance? If not, why?

What actions have you taken to get these supplies covered?(appeals, etc)

(please submit additional paperwork that may be helpful) insurance denial letter, letter of medical necessity, etc)