



CLIENT ELIGIBILITY APPLICATION

Steps of Faith is a nonprofit public charity dedicated to providing prosthetic care, hope, and comfort to amputees needing financial support.

The availability of financial assistance is dependent on financial/fund-raising conditions of Steps of Faith, and the award of financial assistances to any patient is solely at Steps of Faith's discretion. **Financial assistance, if provided, may be on a sliding scale basis, dependent in part upon the patient's income, assets, and other means or partial payments from insurance carriers.**

Any patient seeking assistance benefits must cooperate in a timely manner with providing all required information and assisting in the completion of all necessary application materials. To be eligible for financial assistance, patients are responsible for the accuracy of all information provided, must fully complete this application, and must supply all additional information as required and requested. The supporting additional documentation required includes, but is not limited to the following:

1. All W-2 forms from the previous year and Income Tax Records
2. Pay stubs for all employed family members for the past three months
3. Evidence of fixed income from Social Security, Workman's Compensations, Pensions, Disability, Child Support, Alimony and/or Unemployment Compensations
4. All Checking and Savings account statements for the past three months

If the above cannot be supplied, a written explanation as to why must accompany this application.

The application form for the financial assistance requires a complete and thorough listing of family income, assets, liabilities, family size and the attachment of a number of documents. All of the answers and requested materials are required and will be used to determine eligibility for assistance.

Steps of Faith and its financial assistance policy are voluntary and discretionary and nothing in this explanation or its program is intended to create a right of contract of benefit.

NOTE: Failure to provide the following required information or an explanation as to why this information is not available may delay the processing of your application and could result in a denial for assistance. Every reasonable effort will be made to process your application promptly and once your application has been reviewed you will receive a letter confirming the outcome.

PATIENT INFORMATION

Application Date: _____

Section One: Patient Information.

**If the patient is a minor, please list parent or guardian as the applicant*

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Email: _____

Social Security Number: ____ - ____ - _____

Date of Birth: _____

Marital Status: Single Married Widowed Divorced Separated

Number of Dependents _____ *[Please complete Section Three]*

Height: _____

Weight: _____

Date of Amputation: _____

Amputation Level (ie. above knee, below knee, above elbow, etc.)

Reason for Amputation: Work Injury Auto Accident Diabetes Other

If "other," please explain _____

Do you have health insurance? Yes No

If yes, who is your insurance provider? _____

Does your insurance cover any portion of prosthetic expenses? Yes No

Do you have means to make payments or raise funds? Yes No

Do you currently have a prosthesis? Yes No

If yes, for how long? _____

Do you currently have a prosthetist whom you have met with? Yes No

If yes, please provide name and contact info. _____

Do you use any ambulatory aids (ie. walker, crutches, etc.)? Yes No

If yes, what type(s). _____

Do you have any issues with any of your other limbs? Yes No

If yes, please describe. _____

Describe your daily activity.

How can Steps of Faith best serve you?

What is your chosen profession?

Have you able to participate in your chosen profession since your amputation?

Yes No

What are your biggest daily struggles living with an amputation?

How will your life be different when you receive your new prosthesis?

How did you hear about Steps of Faith?

Please share any other relevant information.

Are you currently employed? Yes No

If you are not currently employed, how long have you been unemployed, and have you applied for unemployment or are you already receiving unemployment?

If you are currently employed, please provide the following information.

Current Employer: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: (_____) _____

Position: _____

Section Two: Financial Information.

Monthly Income Sources	Applicant	Spouse	Subtotals
Employment Income	\$	\$	\$
Social Security Income	\$	\$	\$
Disability Income	\$	\$	\$
Unemployment Income	\$	\$	\$
Spousal/Child Support	\$	\$	\$
Rental Property	\$	\$	\$
Investment Income	\$	\$	\$
Other Income	\$	\$	\$
TOTAL			\$

UNEMPLOYMENT: If you do not have monthly income, please explain how you take care of your monthly expenses:

Section Three: Family Information. List all family members in your household named on your most recent federal tax return and their dates of birth.

Name of Family Member	Date of Birth	Relationship to Patient

Section Four: Estimated Monthly Living Expenses.

Monthly Expenses	Monthly Payments	Monthly Expenses	Monthly Payments
House/Mortgage Payment/Rent	\$	Automobile Insurance	\$
Property Taxes	\$	Liens/Wage Garnishments	\$
Homeowner's Insurance	\$	Other Expenses (explain below)	
Utilities (electricity, gas, water)	\$		\$
Food	\$		\$
Home Phone	\$		\$
Cell Phone	\$		\$
Child Support	\$		\$
Child Care	\$		\$
Credit Cards	\$		\$
Health Insurance Premiums	\$		\$
Medical & Dental Bills	\$		\$
Car Payment/Other Transportation	\$		\$
Subtotal:	\$	Subtotal:	\$
TOTAL			\$

Section Five: Additional Information & Comments.

Section Six: Signature.

I certify that all information is valid and complete and hereby authorize Steps of Faith to verify any of the above information as deemed necessary.

Applicant Name: _____

Signature: _____ **Date:** _____

Section Seven: Photo Release.

I hereby give Steps of Faith Foundation “SOF” permission to use images of me (including any motion picture or still photographs made by SOF of my likeness, poses, acts and appearances or the sound records made by SOF of my voice) (“Images”) for any purposes in connection with promoting SOF and its activities (the “Purposes”), which may include advertising, promotion and marketing. SOF may crop, alter or modify Images of me and combine such Images with other images, text, audio recordings and graphics without notifying me.

(Initial below)

Agree: _____ Disagree: _____

****Agreement is not required to receive help.**

RELEASE OF LIABILITY

In exchange for the services provided by Steps of Faith Foundation organized by Steps of Faith, a Kansas 501(c)3 organization (“Steps of Faith”), of P.O. Box 15064, Lenexa, KS 66285 and/or use of the property, facilities, and services of Steps of Faith, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Steps of Faith, or the employees, representatives or agents of Steps of Faith
2. I recognize that there are certain inherent risks associated with the activities of Steps of Faith and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Steps of Faith for injury, loss or damage arising out of my or my family’s use or participation in the services offered by Steps of Faith, whether caused by the fault of myself, my family, Steps of Faith, or other third parties.
3. I agree to indemnify and defend Steps of Faith against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family’s use of or participation in the services provided by Steps of Faith.
4. I agree to pay for all damages to the facilities utilized during the services provided by Steps of Faith caused by me or my family’s negligent, reckless, or willful actions.

5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Tennessee law.

6. I agree and acknowledge that I am under no pressure or duress to sign this agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this agreement if I so desire.

7. This agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

8. The invalidity or unenforceability of any provision of this agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this agreement.

9. In case of emergency, please call _____
(relationship: _____) at _____ (telephone number).

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGING THE RELEASE, I VOLUNTARILY WAIVE CERTAIN LEGAL RIGHTS.

Name: _____

Signature: _____ **Date:** _____

Return completed application to:

**Steps of Faith
31 W 31st Street
Kansas City, MO 64108**

or scan and email to **info@stepsofffaithfoundation.org**