Application Instructions

Are you eligible for financial assistance through Limbs for Life (LFL)?

- You must be a lower limb amputee who has no other means to pay for prosthetic care including: Medicaid, Medicare, insurance coverage or state assistance (LFL does not assist with co-pays or co-insurance)
- You must be a U.S. citizen or a legal permanent resident of the U.S.to qualify
- You must show proof of your financial need by providing verification of monthly income
- You must consent to a criminal background check (p. 3)
- You must use a prosthetist that agrees to accept LFL payment as full payment for their services (p. 4)

How to apply

- When submitting your application you must include these items:
  - A readable copy of your photo ID; if you are not a U.S. Citizen, a copy of your Permanent Residence Card or Naturalization Certificate is required
  - Monthly federal aid notices: SS/SSI/SSDI award letters & food stamp statements (Include spouse)
  - If you or your spouse are working, send copies of pay stubs to show most recent income
  - If you don't have any income and someone is supporting you, please have them write a letter on your behalf stating they are currently helping you out with shelter, bills, etc.
  - Return required copies by mail, fax or email to:

Limbs for Life Foundation
9604 N. May Ave., Oklahoma City, OK 73120
Fax 405-843-5123 or admin@limbsforlife.org

- If you have not received any contact from Limbs for Life within 30 days of submitting your application, please contact us at 888-235-5462 or admin@limbsforlife.org.

- Our minimum waiting period is nine months following receipt of your complete application and all required documents. **Other available resources should be pursued during this time.**

***Limbs for Life cannot guarantee funding for all applicants. Individuals will be considered on a case by case basis.**

Approved applicants:

- Will receive a call confirming that your funds are available and you may now make an appointment with your prosthetist to begin the fitting process
- An approval letter is sent to your prosthetic clinic
- Limbs for Life's commitment will expire six months (6) from the date of confirmation

It is your responsibility to notify us with any changes in your contact information. Please note: complete applications with all required documentation will be given priority in the application process.

ADULT APPLICANT INFORMATION

(Complete blanks or circle correct response)

Last Name_____First Name_____Middle_____

Marital Status_____Gender: **M or F or NB** Maiden _____

Date of Birth_____/_____/_____SSN (required for background check)_____

Ethnicity/Race: **African American** **Caucasian** **American Indian**

Asian **Hispanic/Latino** **Other**_____

_____ US Citizen? Have you received funding from LFL in the past? _____ Year? _____

Address_____

City_____State_____Zip_____

Phone_____2nd Phone_____Email_____

Alternate Contact_____Phone_____

Limbs for Life provides financial assistance for individuals who have no insurance, no government or supplement assistance that covers any portion of the cost of prostheses. A client receiving any form of assistance for any payment for prosthetics, does not qualify for funding from Limbs for Life.

Are you currently employed? **Yes or No** If not, do you plan to return to work or school? **Yes or No**

If not, why?_____

What is your occupation?_____

Have you contacted your state vocational rehabilitation agency about the availability of help? **Yes or No**

Do you receive assistance from or are you covered by any of the following (circle all that apply):

Medicaid **Medicare Part B** **Social Security Disability** **Social Security** **Health Insurance**

Monthly Income $_____Spouse Income $_____

Food Stamps $_____ Other $_____

You must submit copies of your photo ID, SSI/SSDI & Food Stamp statements, pay stubs, or bank statements as proof of household income (incl. spouse). If you don't receive any income then we require a letter of support from someone who knows your situation or is helping you out.

Are you responsible for care of children under the age of 18? **Yes or No** # of children in your care_____

Living arrangements: **Rent** **Own** **Reside with friend/relative** **Long-Term Care** **Skilled Nursing Facility**

How did you hear about Limbs for Life? **Internet** **Social Worker** **Doctor** **Clinic**

Other_____

I verify that the above information is true to the best of my knowledge, and understand that this information will be kept confidential.

Patient Signature:_____**Date**:_____

MEDICAL INFORMATION

Applicant Name:_____

Do you have a prescription for your prosthetic? **Yes or No**

Circle Level of Limb Loss: **Right Above Knee** **Left Above Knee** **Right Below Knee** **Left Below Knee**

Do you currently wear a prosthesis? **Yes or No** How long have you had it? _____

Circle cause of limb loss or list other

Congenital Cancer Diabetes Gangrene Infection Injury/Trauma Vascular Disease

Other_____

Describe details/circumstances of your limb loss: _____

_____

_____

_____

_____**Date of Amputation** (month/year) _____

Do you have Diabetes? **Yes or No** List other health problems _____

_____

_____

Excluding the amputation, circle the number that best rates your <u>overall</u> health

1 2 3 4 5 6 7 8 9 10

(Poor) (Excellent)

How will a new prosthetic leg improve the quality of your life and the lives of your family members? List all hobbies, activities, or particular lifestyle details. Please be detailed and use another page if needed:

_____

_____

_____

Please list any immediate circumstances we need to be aware of:

_____

_____

_____

I verify that the above information is true to the best of my knowledge, and understand that this information will be kept confidential.

Patient Signature:_____ **Date**:_____

LIMBS FOR LIFE FOUNDATION

APPLICANT'S CONSENT FOR BACKGROUND CHECK,
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION AND RELEASE OF CLAIMS
(**NOTE: *photo release is the only optional item***)

By signing below I agree to authorize the following:

- I have applied to Limbs for Life Foundation for financial assistance in obtaining a prosthesis and /or related services. I acknowledge that if financial assistance is awarded on my behalf, Limbs for Life Foundation's involvement is limited to providing financial assistance with payment to the clinic and not the individual. Limbs for Life Foundation does not provide prostheses or any related services. Limbs for Life Foundation has not made any guarantees, warranties or assurances to me regarding the prosthesis or related services.
- I hereby give my permission to Limbs for Life Foundation to obtain information relating to my employment records, educational verification, license verifications, driving history, previous address, social security verification, and public records relative to criminal charges and criminal history. I understand that this information will be used, in part, to determine my eligibility for financial assistance to obtain prosthetic care.
- I understand that my application to Limbs for Life may be denied because of information contained in this report and any adverse information could have effect, repercussions, or consequences in my efforts to obtain assistance from Limbs for Life.
- I authorize the holder of any medical documentation or information about me to release to Limbs for Life Foundation any information needed to determine if I qualify for financial assistance according to the conditions of Limbs for Life Foundation.
- I do hereby completely release, acquit, hold harmless, and forever discharge Limbs for Life Foundation and its agents, affiliates, servants, employees, principals, successors, divisions, groups, subsidiaries, affiliates, affiliated companies, branches, shareholders, predecessor companies, successor companies, officers or directors, (it being agreed that it is not necessary to specifically name each and every one of them) of any and all responsibility, present or future claims, suits, obligations, liabilities, causes of action, demands, damages, costs and expenses of any nature whatsoever, known or unknown, in law, equity or otherwise, which I now have or which may hereafter accrue on account of, result from, or in any way arise out of or in connection with, the prosthesis and related services. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors, and assigns of the undersigned.

I acknowledge that I have read and fully understand this Release, Authorization, and Consent and that all my questions regarding same have been answered to my satisfaction.

Patient Signature **(required):** _____ ***Date*****:** _____

PHOTO/VIDEO/MEDIA RELEASE (optional)

I give my consent to Limbs for Life to use any photographs, video, or any other medium taken of me for educational and/or publication purposes.

Patient Signature**:** _____ ***Date*****:** _____

PROSTHETIST INFORMATION
To be completed and signed by the prosthetist

Prosthetist Name:_____ Certification Type:_____

Name of Clinic:_____

Address:_____ City/State/Zip _____

Phone (____)_____ Fax (____)_____ Email_____

Applicant Name:_____

Height _____ Weight _____

Level of Amputation: **Right Above Knee** **Left Above Knee** **Right Below Knee** **Left Below Knee**

Date of Amputation:_____ Cause: _____

Anticipated Level of Ambulation:	**K0**	**K1**	**K2**	**K3**	**K4**
Level of Motivation:	**1** (lowest)	**2**	**3**	**4**	**5**

Comments: _____

_____

FEE SCHEDULE

Fee includes test and final socket, fabrication of prosthetic and adjustments as needed for the life of the socket

Above Knee, Knee Disarticulation and Hip Disarticulation	**$3,500.00**
Below Knee and Symes	**$2,500.00**

- Limbs for Life (LFL) will provide donated/used componentry, new textile items and replacement parts **as available, upon your request**
- LFL will not pay for work completed prior to your receipt of the confirmation letter stating approval of our financial commitment
- All work must be completed within six (6) months of the date of the confirmation letter
- LFL will not pay in combination with or supplement any other financial assistance or coverage
- Patient is eligible to re-apply for LFL financial assistance once every 36 months

REQUIRED PRIOR TO PAYMENT

When final limb is delivered, **submit a 'private pay' invoice with two (2) or more digital photographs** and/or video of the patient wearing the new prosthesis.

This agreement, if approved by the Board of Directors, is an agreement between the Foundation and the prosthetic clinic. No money shall ever be paid to the applicant. Additionally, by signing this form, the prosthetist agrees to absorb any additional costs above the amount designated in the fee schedule, so as to provide this service free-of-charge for the applicant.

Prosthetist Signature:_____ ***Date***:_____

Return this page to:
Limbs for Life Foundation 9604 N. May Ave. Oklahoma City, OK 73120
Toll free: 888-235-5462 Fax: 405-843-5123 admin@limbsforlife.org Ver. 2023.1