



## Direct Assistance Program Application

Providing funds to eligible individuals in Kansas to assist with the acquisition of durable medical equipment and mobility aids, as well as scholarships for health and wellness program fees.

Application's Name [ Please Print ]  Sex (M/F)  Date of Birth (mm/dd/yy)

Address

City  State  Zip Code

Daytime Phone [ Area Code / Number / Ext ]  Evening Phone [ Area Code / Number / Ext ]

What type of arthritis do you have?  How Long?  Name of Rheumatologist / Physician Making Diagnosis

Total Annual Household Income  Person Completing Form [ if different from applicant ]  Phone (Area Code . Number)

Do You Receive: Social Security Yes  No  Disability Yes  No

Item / Equipment Being Requested  Approx. Cost

**Submit with Application**

- Doctor's diagnosis of arthritis
- Doctor's orders for requested item (i.e. perscription)
- Cost estimate from provider
- Copy of commitment letters from other funders (insurance, MediCare, other health organization, etc.)

**Attach and Mail to:**

Arthritis Foundation  
1999 North Amidon  
Suite 105  
Wichita, Kansas 67203-2122

### Patient Consent and Affidavit

I give my consent to the Arthritis Foundation, Kansas Chapter to disclose information provided in this application, including my medical history, for the sole purpose of evaluating my request for financial assistance.

Should my request be granted, I acknowledge that the item(s) are being purchased by the Arthritis Founadtion and should I no longer have any use for the item(s), I will return the item(s) to the Kansas Chapter office for use by other arthritis patients, or in any other manner deemed appropriate by the Arthritis Foundation.

I attest that the information provided in this application is correct and that the Arthritis Foundation may verify its accuracy.

\_\_\_\_\_  
Signature of Applicant [ or legal guardian if under 18 ] \_\_\_\_\_  
Date

Applications for the Arthritis Foundation's Direct Assistance Program (DAP) are reviewed monthly by a committee of medical professionals and Chapter volunteers. It may take as long as eight weeks for a response, depending upon when in the review cycle an application is received. To facilitate a timely reply, complete the entire form and provide all the requested information and attachments.

### Arthritis Foundation, Kansas Chapter

1999 N. Amidon, Suite 105, Wichita, Kansas 67203-2122 : (316) 263-0116 : info.ks@arthritis.org