

Award Application Form

Please complete this form and describe or attach the requested information. Incomplete applications cannot be accepted for submission or processed for an award. Operation Onward reserves the right to independently verify the submitted information or request additional details.

Applicant Information:

Name

Address

City

State

Zip Code

Telephone

Email

Preferred Contact Method: Telephone Email US Mail

Sponsor or Strategic Partner Information:

N/A

Name

Address

City

State

Zip Code

Telephone

Email

Contact Name

Description of Injury or Medical Condition(s) and How Occurred: (Describe or attach separate sheet(s))

Medical Records Substantiating the Injury or Medical Condition(s), Mental Health, and any Side Effects or Life Challenges the Applicant may be incurring because of the Injury or Medical Condition(s):

(Describe (or attach separate sheet(s) and attach copies of records as applicable)

N/A - Not required in the event of a Strategic Partner charity submission.

OPERATION ONWARD

- Valid Prescription from a Physician or other written documentation of medical necessity from a Healthcare Professional is attached.

- A typed personal statement (no longer than 1000 words) from the Applicant, Sponsor, or Strategic Partner is attached. Note: This statement should address the challenges the applicant faces and how a mobility technology device would specifically improve their daily life.

- A record of insurance appeals or denials (if the applicant has insurance) and the amount insurance has agreed to cover, if any, is attached.
 - N/A - Not required in the event of a Strategic Partner charity submission.

- The amount a charity or other fundraising effort (such as Go-Fund-Me) has agreed to cover, if any, is attached. N/A

- Proof of applicant's current occupation or employment, if any, is attached. N/A

Describe Applicant's enhanced job prospects if awarded a mobility technology device:

(Describe or attach separate sheet(s))

- Applicant's Income Information and Bank Statements Substantiating Financial Need is attached.
 - N/A - Not required in the event of a Strategic Partner charity submission.

- Applicants DD-214 or agency equivalent is attached.
 - N/A - Not required in the event of a Strategic Partner charity submission.

- A Signed Release of Medical Information from the Applicant is attached.

Applicant Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____