



## APPLICATION FOR ASSISTANCE

Use this checklist to help expedite your request.

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### REQUIREMENTS:

*You must meet the following requirements before submitting an application.*

- Child is age below 18
  - Request qualifies as a valid health care need
  - Child lives in St Louis and surrounding area
  - Referred by a Social Worker or Case Manager or Therapist etc
  - Request is for up to \$1000
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### DOCUMENT CHECKLIST:

*Submit below documents for faster processing of the request*

- Complete Application form.
  - Letter from a physician (on letterhead) providing the necessity of the equipment including the child's diagnosis, history of illness, specific request for funding and other relevant information.
  - Invoice from the provider.
  - Child's photo and story.
  - Consent for publication.
  - Missouri Children with Developmental Disabilities Waiver (MOCDD) a.k.a. Sarah Lopez Waiver denial letter. (If child has granted this waiver.)
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### CONTACT INFORMATION:

*For questions regarding your application or The Arya Foundation, please contact us at :*

The Arya Foundation  
P O Box 4443  
Chesterfield MO 63017

Phone: 314 445 ARYA (2792)  
info@TheAryaFoundation.org  
www.TheAryaFoundation.org

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## CHILD INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date (MM)\_\_\_\_(DD)\_\_\_\_(YYYY)\_\_\_\_  
Last First Middle

Qualifying Medical Condition \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street Name City State Zip Code

Current Address (if different from above) \_\_\_\_\_  
Street Name City State Zip Code

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## FAMILY INFORMATION:

Parent / Legal Guardian's Name \_\_\_\_\_  
 Mother  Father  Other

Mailing Address \_\_\_\_\_  
Street Name City State Zip Code

Home Telephone ( ) \_\_\_\_\_ Cellular/Work Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Parent / Legal Guardian's Name \_\_\_\_\_  
 Mother  Father  Other

Mailing Address \_\_\_\_\_  
Street Name City State Zip Code

Home Telephone ( ) \_\_\_\_\_ Cellular/Work Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Siblings Name/Ages \_\_\_\_\_



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**MEDICAL INFORMATION:** *(Health care professionals associated with current care)*

Physician's last name \_\_\_\_\_ First name \_\_\_\_\_ Title (DO,MD,etc) \_\_\_\_\_

Child's clinical diagnosis \_\_\_\_\_

History of illness/health condition \_\_\_\_\_

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**MEDICAL EQUIPMENT/SUPPLY:**

Type of Equipment/supplies \_\_\_\_\_

Cost of Equipment \$ \_\_\_\_\_ Requested funding assistance \$ \_\_\_\_\_

If the total cost is more than \$1000, how are the rest of the funds going to be paid \_\_\_\_\_

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Provider that the check will be made out to \_\_\_\_\_

Contact person at Provider \_\_\_\_\_

Provider address \_\_\_\_\_  
Street Name City State Zip Code

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Does your child have Missouri Children with Developmental Disabilities Waiver (MOCDD) a.k.a. Sarah Lopez Waiver? (Yes, Waitlisted, Not Applied) \_\_\_\_\_

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**REFERRAL:** *(This is a requirement)*

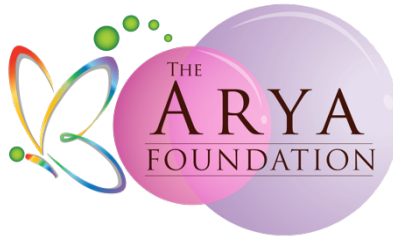
How did you hear about The Arya Foundation \_\_\_\_\_

*Referred by organization, social worker, case manager, therapist etc :*

Organization name \_\_\_\_\_ Email \_\_\_\_\_

Referred person's name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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## AFFIRMATION AND CONSENT

In order for The Arya Foundation, a non-profit organization, to advance financial assistance for the purchase of medical supplies or equipment's, the undersigned do hereby affirm as follows:

1. The undersigned are the parents or guardians of the child.
2. The undersigned further agree(s) to return any unused funds immediately to The Arya Foundation so that those funds can be utilized by the organization to benefit other families.

The Arya Foundation reserves the right to distribute funds at its sole discretion. The Arya Foundation may pursue restitution for grants if it is determined that the information submitted on the application is false.

I have read the guidelines for financial assistance and I declare that the information furnished on this application form, including attached sheets, is true and correct to the best of my knowledge. Please refer to the checklist at the top of page one of the application and attach all required documents prior to submitting the application.

I am 21 years of age or older, and have read and understand the above statements.

*Child's name (please print)* \_\_\_\_\_ *DOB* \_\_\_\_\_

*Parent / Guardian Name* \_\_\_\_\_

*Parent / Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Parent / Guardian Name* \_\_\_\_\_

*Parent / Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_