



Ye Notorious Krewe of the Peg Leg Pirate, Inc., Application for Financial Assistance



Patient/Child's Name: _____ Date: _____

Address: _____

Street City State Zip Code

Phone: (Home) _____ (Cell) _____ E-Mail Address: _____

Patient/Child's Birth Date: _____ Sex: Female _____ Male _____

Name(s) of parent(s) or legal guardian(s), _____

Requested Amount of Financial Assistance: _____

FINANCIAL INFORMATION

Current employer(s) of all parents and/or legal guardians of child as well as positions held for each parent/legal guardian, if applicable:

Employment Status of each parent/legal guardian _____ (parent/legal guardian)

___ Full time

___ Employed part-time or seasonal

___ Under-employed- working for very low wages

___ Unemployed or about to become unemployed

Income from employment of parent or legal guardian _____ (parent/legal guardian)

Number living in residence: Adults _____ Children _____ (ages of children)

Delineate all other sources of funding/income of family (e.g. alimony, child-support, pension, disability, investment income, retirement, unemployment, go-fund-me):

Annual Income of Family (before taxes): _____

Automobiles of family _____



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Other Assets/Property of Family if not included above:

Own Home: _____ Rent Home: _____

Address of Home if different from above

Monthly mortgage/rent: \$ _____

Household Expenses (i.e. electric, water, garbage, auto and auto expenses, food, phone, etc.):

Other unusual or extraordinary expenses:

Health insurance provided Patient/Child by: _____

Other financial or special circumstances Krewe should consider with regard to Patient/Child

PHYSICAL IMPAIRMENT/DISABILITY INFORMATION

Describe patient physical condition (cause and history of amputations):

Doctor/Physical Therapist/Prosthetist

Dated signed



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To be completed by Physical Therapist if asking for handcycle, tricycle or prosthetic device:

Describe the equipment being requested:

Reason that handcycle or tricycle would be an asset to the amputee:

Print Physical Therapist Name

Physical Therapist Signature

Date signed

Hospital or Clinic _____

Send application along with other required documents to:

Ye Notorious Krewe of the Peg Leg Pirates, Inc
PO Box 1854
Ruskin, FL 33575

Contact Person of Krewe: _____

Contact Number: _____

E-mail: _____