



PMR CHARITY REQUEST FORM

- **Please read** “Rules of the PMR Charity Application” on page 5 in their entirety before submitting application.
- **Fill out** *Application for Charitable Funds* (FORM A)
- **Fill out** *PMR Charity Cost Report* (FORM B)
- **Provide Copies of Invoices** (e.g. bills) If a bill or invoice is missing, that item will not be considered for assistance.
- **Fax A, B, and C to 817-887-4242** and write “ATTENTION PMR CHARITY” on your Fax Cover Sheet
- **DO NOT MAIL APPLICATION TO P.O. BOX!**
- If you do not hear back within 5-7 business days, email us at pmrcharity@yahoo.com. If you do not have email access, you may call **817-217-4803**.

This is a charitable organization not subject to rigors of HIPAA Compliance or Enforcement. However, PMR Charity takes every precaution to maintain the confidentiality of your records. Email is the most efficient way for us to gather information and access your situation as a team. This is a disclosure and your consent to allow email communication with PHI (protected health information) and PPI (protected personal information) which includes medical, personal and financial information.

**IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, YOU MUST
COMPLETE ALL THE STEPS LISTED ABOVE.**

Please use this updated application, current as of November 19, 2019.

Previous forms of the application will no longer be accepted.



Application for Charitable Funds (FORM A)

Name: _____

Date: _____

Date of Birth: _____

Age: _____

Name of guardian and relationship if applicant is a minor:

Marital status of person in need of assistance: _____

Do you have dependents? (circle one) YES NO

If YES, how many dependents? _____

Have you applied with PMR Charity in the past? (circle one) YES NO

If YES, month and year of previous application: _____

Was assistance granted? (circle one) YES NO

Do you have insurance? (circle one) YES NO

English speaking (circle one) YES NO

If NO, please provide name, email address, and phone number for someone who may communicate on your behalf. _____

Please describe items/services needed (Ex: medications, brace, home modifications, household bills, etc.)

Which avenues have you pursued, prior to submitting this application, in order to fund the items/ services listed above? (Insurance, government assistance, charity)

Please provide a detailed history of the medical condition/injury that has resulted in your need for the items/services listed above.

Please describe how financial assistance from PMR Charity would improve your hardship going forward.

Please list any and all sources of income.

(If more room is needed to answer any of these questions, please attach additional papers.)

Name of Physician(s) involved in your care:

Physician's Address:

Physician's Phone Number: _____

Name of Case Manager (if applicable):

Case Manager's Phone Number:

Case Manager's Email Address:

May we contact your Physician/Case Manager with questions regarding your
medical history: (please circle) YES NO

Applicant Contact Information

Applicant's Address:

Applicant's Phone Numbers:

(H) _____

(C) _____

(W) _____

Applicant's Email Address:

Rules of the PMR Charity Application:

- All applications received will go to a voting board. The board members are determined by the Chairman of PMR Charity.
- Once an application is received, it will be reviewed by the Intake Coordinator and the applicant or the case manager will be contacted.
- The applicant’s request including medical information will be discussed within the board **ON THE THIRD TUESDAY OF EACH MONTH.** Discussion with attending physician/case managers may be warranted for clarification.
- Applicants will be notified once a decision is made.
- Money will not be given to the applicant but will be paid directly to the vendor. For example, if a leg brace is needed, PMR Charity will pay the orthotics company directly.
- Anonymous summaries of approved applications are posted to social media sites such as Facebook and Twitter. No names will be used. This informs our donors about the allocation of their funds.
- PMR Charity **DOES NOT** grant assistance for the following:
 - Credit card bills
 - Medical services previously rendered

By signing below, the applicant acknowledges all rules of the PMR Charity Application as delineated above.

Applicant’s Signature:

Printed name:

Date:
