

# The Rocky Mountain Hyperbaric Association for Brain Injuries

## Program Application

The mission of the Rocky Mountain Hyperbaric Association for Brain Injuries is to improve the quality of life for people suffering from brain injuries in the Rocky Mountain region by providing financial support and logistical assistance to individuals who are seeking rehabilitation through hyperbaric oxygen therapy and to promote education and understanding to the community of the benefits regarding hyperbaric oxygen therapy.

### Applicant Information

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Day Time Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Legal Guardian (if under 18): \_\_\_\_\_

The following information is collected for our funders, who like to know the percentage of populations serviced through our programs:

Gender: Male Female

Ethnicity:

Hispanic

Black

Asian

Indian

White

Other: \_\_\_\_\_

How did you hear about the Rocky Mountain Hyperbaric Association for Brain Injuries?

Website Doctor Referral Friend (who?) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Program for which you are applying (circle all that apply):**

Healing our Heroes

HBOT for Brain Injuries

Fund Raising Assistance

Education

Travel and Lodging Assistance

The following information is *required* in order to process your application for approval. Please note that all materials, including but not limited to, photos, news clippings, videos, will not be returned.

Please check each item to verify that each item is included in the application packet:

- \_\_\_\_\_ 1. Reference Letters: Include two letters of reference. One must come from a physician who has verified your condition and the second from a peer, family member or member of the community.
- \_\_\_\_\_ 2. A short biography of yourself.
- \_\_\_\_\_ 4. Release Form
- \_\_\_\_\_ 3. Complete Application
- \_\_\_\_\_ 4. Provide three (3) most current bank statements.
- \_\_\_\_\_ 5. If you are applying for the Healing our Heroes program, please provide documentation which will verify that you were in active military duty.

Applicant's name: \_\_\_\_\_

\*Please note, participants can reapply one year from the date of their acceptance letter.

**Financial Information**

Annual Gross Household Income

Provide all sources of household income for all members of each household.

Annual Gross Amount (provide source of income):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Amount of Household Income: \$ \_\_\_\_\_

Assets (savings and investments)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_

**Annual Household Living Expenses**

Living Expenses

Monthly Payment

Rent/Mortgage \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total Monthly Expenses: \$ \_\_\_\_\_

Total YEARLY expenses (monthly living expenses x 12)

\$ \_\_\_\_\_

Are you currently employed? Yes No

Applicant Name: \_\_\_\_\_



## **Release Form**

Along with financial assistance programs to help pay for hyperbaric oxygen therapy treatments, the Rocky Mountain Hyperbaric Association for Brain Injuries does outreach, fundraising, and marketing (i.e. website, seminars, brochures, etc.) work to keep the association information available to the community. Documentation of participant involvement and usage of material (photo, bio, testimonial, etc.) is important in order to share results and the need for the association. Personal health information from the medical director of Rocky Mountain Hyperbaric Institute and your medical care physician(s) will benefit our work and increase our community support. Your release to obtain and share personal and health documentation is needed for this purpose.

**With this knowledge, I chose the following (Please check your choice):**

\_\_\_\_\_ As a participant in the Rocky Mountain Hyperbaric Association for Brain Injuries, I authorize permission for the Rocky Mountain Hyperbaric Association for Brain Injuries to collect information from the medical director of Rocky Mountain Hyperbaric Institute and/or my medical care physician(s) regarding my health status and/or improvements since using hyperbaric oxygen therapy treatments and usage of my photo, bio, testimonial toward actions mentioned above.

\_\_\_\_\_ As a participant in the Rocky Mountain Hyperbaric Association for Brain Injuries, I **do not** authorize permission for the Rocky Mountain Hyperbaric Association for Brain Injuries to collect information from the medical director of Rocky Mountain Hyperbaric Institute and/or my medical care physician(s) regarding my health status and/or improvements since using hyperbaric oxygen therapy treatments and usage of my photo, bio, testimonial toward actions mentioned above.

Applicant or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_