



Application For Assistance

2130 S Rural Rd, Tempe, AZ 85282 | SUZYFOUNDATION.ORG

To Qualify

Suzy Foundation is passionate about helping individuals with special needs. Please complete the entire application below and attach the necessary documents.

1. If applicable, include a letter or prescription from the applicant's doctor confirming the need for the requested equipment.
2. A copy of parent(s)/guardian(s) most recent Income Tax Return (IRS Form 1040) with copies of all supporting W-2 forms. All information is confidential and treated with the utmost sensitivity for your security. Please black out your social security number. All documents will be shredded once a decision has been made.
3. Your application will be valid one year from its submission date.
4. Incomplete applications will **not be accepted**. If denied, Suzy Foundation will review your application throughout the year if additional information is submitted for reconsideration.
5. Suzy Foundation considers each applicant on an individual basis.
6. Must attach a quote for the equipment requested, customized according to the specific needs and measurements of the applicants, in an itemized format.
7. Please mail the completed application to Suzy Foundation, 2130 S Rural Rd, Tempe, AZ 85282 or email to suzyfoundation@gmail.com.
8. Must live in the Arizona.
9. Individuals may only receive assistance once per calendar year.
10. Photos are highly encouraged!

Please be advised that the Suzy Foundation will directly purchase the equipment for the applicant. Suzy Foundation does not provide funds directly to individuals.

Suzy Foundation Staff Only

Approved Denied

Description of approval:

Staff Signature:



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Name of Individual

First Name: _____ Last Name: _____

Date of Birth: _____

Name of Person Completing the Form

First Name: _____ Last Name: _____

Relationship to Individual: _____

Phone Number: _____ Email Address: _____

Preferred Method of Contact

Preferred Method of Contact

Person To Contact If Selected

Parents/Guardians Name: _____

Home Address: _____

Phone Number: _____ Email: _____

Preferred Method of Contact

Preferred Method of Contact

If selected, I give my authorization for Suzy Foundation to use the applicants image and story on our website and fund-raising information?

Yes

No

How did you hear about us?



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What is the assistive condition of the individual and please explain how this condition affects the individual:

What is the equipment you are requesting?

What is the cost of the requested equipment? Please provide purchasing information.

ATTACH A QUOTE FOR THE EQUIPMENT, CUSTOMIZED ACCORDING TO THE SPECIFIC NEEDS AND MEASUREMENTS OF THE APPLICANTS, IN AN ITEMIZED FORMAT

Have you attempted to obtain this equipment through insurance?

- Yes
- No

If not covered by your insurance, please attach an official letter of denial from your insurance provider.

What benefit would the medical device provide for the individual? Is there any additional information you wish to share with us in support of your application?

Did You Attach? Dr. Prescription Income Tax Return Every Question Answered
 Quote in itemized form Photos