



The Heather Abbott Foundation is committed to our mission to help amputees who have lost limbs due to traumatic circumstances to get specialized prosthetic devices. Because so few of these devices are covered by health insurance companies, we provide assistance to individuals who we believe would benefit from the donation of the prosthetic device they need to help them return to the life they love or try something new.

Please keep in mind that we are not able to provide assistance to all individuals who apply. In the event that we aren't able to help you, we will do our best to refer you to other charitable organizations who may have the resources you need.

In order for us to learn more about your life and your circumstances so that we may assess our ability to assist you, please complete this form. Our Board of Directors will review all requests and will determine HAF's ability to fulfill yours. We will make every effort to inform you of our decision whether or not to move forward as soon as possible.

INSTRUCTIONS

Please complete this application and submit to applications@heatherabbottfoundation.org. You can complete the form online or print it out and enter your information clearly and legibly in black or blue ink. ALL FIELDS ARE MANDATORY.

If you're completing this form online, save the application with your information and email to applications@heatherabbottfoundation.org. Please include your requested supported documentation in this email. *Please Note: You must have Adobe Acrobat 8 or higher to complete this form as a fillable PDF.*

If you're completing this form manually, you can scan and email to applications@heatherabbottfoundation.org. Color scans are preferable, but not required. Please include your requested supported documentation in this email.

Forms and supporting documentation may be mailed to our physical address at 181 Bellevue Ave., #407, Newport, RI 02840. Please do not mail original copies of supporting documentation, as it's unlikely that we will be able to return it to you. Please note that forms mailed to us will have longer processing times.

GRANT APPLICATION

Name:

Address:

Phone Number:

Email Address:

Age:

Marital Status:

Occupation:

Insurance provider:

1. Tell us the story of your trauma and resulting amputation

2. What type of specialized prosthesis are you envisioning to help you better live your life?

3. Are there any other charitable organizations, donation drives or other financial resources available to help you obtain your specialized prosthesis? This may include your health insurance provider. Please provide all benefit denial documentation from any attempts to obtain the device from insurance or other financial resources or foundations.

4. Has a prosthesisist provided you with an estimated cost for your device? Please provide any proposals or price quotations.

MARKETING & COMMUNICATIONS

If HAF is able to help you obtain a specialized prosthesis, would you be willing to participate in media promotions or public events (in person)? Yes No

May we use your image and story on our website or other promotional media such as Facebook, Twitter, or advertising? Yes No

Please share your Facebook profile address and Twitter handle with us.

Would you be willing to participate in fundraising activities for HAF? Yes No