

# Activities of Daily Living & Resources

# AWARD APPLICATION



Application date: \_\_\_\_\_ Referred to K2 Adventures Foundation by: \_\_\_\_\_

## SECTION A: APPLICATION FOR INDIVIDUALS (GROUPS OR ORGANIZATIONS, SEE SECTION B.)

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

Applicant's birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant's diagnosis: \_\_\_\_\_

Applicant's home address/City/State/Zip: \_\_\_\_\_

Name of person completing application: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Household annual income: \_\_\_\_\_ Number of dependents in household: \_\_\_\_\_

### If Applicant is a Minor, please complete the following information:

Name of Parent(s)/Legal Guardians(s): \_\_\_\_\_

Parent(s)/Legal Guardians(s) Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s)/Legal Guardians(s) Email Address: \_\_\_\_\_

Parent/Guardians Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

### All Applicants must have the following information completed for consideration:

Do you have insurance?: Yes \_\_\_\_ No \_\_\_\_ If yes, who is your carrier?: \_\_\_\_\_

Type of insurance: \_\_\_\_\_

Have you or the family received support from other organizations? Please list.

\_\_\_\_\_  
\_\_\_\_\_

What did you or the family receive?: \_\_\_\_\_

What is the medical diagnosis?: \_\_\_\_\_

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Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

What medical equipment are you requesting from K2AF?: \_\_\_\_\_

Have you received past equipment or support from K2AF? If yes, please describe:

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Do you have a Prescription?: \_\_\_\_\_ Do you have a Letter of Medical Necessity from your Doctor/Therapist?: \_\_\_\_\_

List Insurances that you have applied to as the applicant or on behalf of the applicant and include all denial letters:

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Estimated length of time that the applicant would use this equipment: \_\_\_\_\_

Please provide a brief description of the applicant's situation (attach another page if needed):

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What is the financial contribution you can make to this equipment?: \$ \_\_\_\_\_

## SECTION B: APPLICATION FOR GROUPS OR ORGANIZATIONS

Are you a group or a non profit?: Yes \_\_\_ No \_\_\_

If yes, please complete the following: \_\_\_\_\_

Group/Non-Profit Name: \_\_\_\_\_ EIN #: \_\_\_\_\_

Organization address: \_\_\_\_\_

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E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Web address: \_\_\_\_\_

What support is your organization requesting?:

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If this request is approved, how many individuals will be impacted?:

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Have you received past equipment or support from K2AF? If yes, please describe:

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Brief description of who you serve; please include specific demographic information (# served, total reach, years of service, etc.)

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## SECTION C: ALL APPLICANTS MUST COMPLETE

Signature is required from all applicants. If the applicant is a minor, all legal guardians must sign this application. I (we) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for re-evaluation/rejection of this application by K2 Adventures Foundation.

_____ Signature of Applicant or Parent/Legal Guardian	_____ Printed Name of Applicant or Parent/Legal Guardian	_____ Date
_____ Signature of Organization Representative	_____ Printed Name of Organization Representative	_____ Date

The following items must be included with your application. Please mail or scan and attach these items to K2 Adventures Foundation, 14354 N. Frank Lloyd Wright Blvd., Suite 10 Scottsdale, AZ 85260 or via e-mail at [info@k2adventures.org](mailto:info@k2adventures.org).

**For more information, please contact Kristen Sandquist at (480) 797-2950 or via e-mail at [Kristen@K2Adventures.org](mailto:Kristen@K2Adventures.org).**

- Letter(s) of verification from professionals (doctor, therapist, social worker, etc.) who are most familiar with your case or your child's case. This letter should clearly specify the equipment or resource needed and benefits of use. Please include as much detail as possible and provide professional's name, e-mail address, street address and phone number.
- A prescription from the applicant's doctor with hospital name, phone number and mailing address.
- Copy of most recent pay stub and/or any government financial aid documents.
- At least two (2) detailed and itemized quotes from suppliers that state the equipment, all additional components necessary to make the equipment a perfect fit for the applicant and total cost. If you do not know of a supplier, K2 Adventures Foundation can make recommendations. Check here if you need assistance with this
- Recent photo of applicant.

**If any distribution of goods or services is provided, K2 Adventures Foundation requires the following:  
(Please initial each box indicating your approval.)**

- \_\_\_\_\_ Photo and/or video of you/your child/organization with new equipment or utilization of a granted award.
- \_\_\_\_\_ Permission to use you/your child's/organization name, likeness, image in marketing materials including, but not limited to printed collateral, online, direct mail, press releases, K2AF videos, presentations and case studies. If your child is under the age of 17, only their first name and last name initial will be used.
- \_\_\_\_\_ Willingness to entertain the opportunity to appear in a local and/or national media story.

**Thank you for your interest in the K2 Adventures Foundation Award Program. Our committee will be reviewing your application with the utmost care and sensitivities and will get back to you with any additional questions.**