

**Ye Notorious Krewe of the Peg Leg Pirate, Inc.,
Application for Financial Assistance**

Patient/Child's Name: _____

Address: _____
 Street City State Zip Code

Phone: (Home) _____ (Cell) _____ E-Mail Address: _____

Patient/Child's Birth Date: _____ Sex: Female ____ Male ____

Name(s) of parent(s) or legal guardian(s), _____

FINANCIAL INFORMATION

Current employer(s) of all parents and/or legal guardians of child as well as positions held for each parent/legal guardian, if applicable:

Employment Status of each parent/legal guardian

_____ (parent/legal guardian)

- Full time
- Employed part-time or seasonal
- Under-employed- working for very low wages
- Unemployed or about to become unemployed

Income from employment of parent or legal guardian _____

_____ (parent/legal guardian)

- Full time
- Employed part-time or seasonal

___ Under-employed- working for very low wages

___ Unemployed or about to become unemployed

Income from employment of parent or legal guardian _____

Number living in residence: Adults _____ Children _____ (ages of children)

Delineate all other sources of funding/income of family (e.g. alimony, child-support, pension, disability, investment income, retirement, unemployment): _____

Annual Income of Family (before taxes): _____

Automobiles of family _____

Other Assets/Property of Family if not included above _____

Own Home: _____ Rent Home: _____

Address of Home if different from above _____

Monthly mortgage/rent: \$ _____

Household Expenses (i.e. electric, water, garbage, auto and auto expenses, food, phone, etc.):

Other unusual or extraordinary expenses _____

Health insurance provided Patient/Child by: _____

Other financial or special circumstances Krewe should consider with regard to Patient/Child

PHYSICAL IMPAIRMENT/DISABILITY INFORMATION

Describe patient physical condition (cause and history of amputations):

Parent/Legal Guardian of Child/Patient/Applicant Signature

Dated signed

To be completed by Physical Therapist if asking for handcycle, tricycle or prosthetic device:

Describe the equipment being requested:

Reason that handcycle or tricycle would be an asset to the amputee:

Physical Therapist Signature

Date signed

Hospital or Clinic _____

Send application along with other required documents to:

Ye Notorious Krewe of the Peg Leg Pirates, Inc
PO Box 1854
Ruskin, FL 33575

Contact Person of Krewe _____ Contact Number _____

Website _____