



# VIP Assistance Application

## Basic Information:

Full Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Which assistance program are you applying for:

\_\_\_\_ VIP Hero's Program - Military, Veterans, First Responders and their families

Branch of Service: \_\_\_\_\_

\_\_\_\_ VIP Community Program: Children

\_\_\_\_ VIP Community Program: Low Income

## Therapy Information:

\*All applicants must have completed a Therapy Evaluation prior to submitting application.

Injury/Reason for Therapy: \_\_\_\_\_

\_\_\_\_\_

Estimated Length of VIP Therapy: \_\_\_\_\_

Past Therapy Experience, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Therapy Goals, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Financial Information:**

Annual Household Annual Income: \_\_\_\_\_

How a VIP award would benefit you: \_\_\_\_\_

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

**Personal Story:**

Please share a short description about yourself: \_\_\_\_\_

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

By signing below, I acknowledge the above information to be true and accurate.

Additionally, should I be awarded VIP funding, I agree to have my Personal Story (above) shared on the VIP website and with donors who support VIP.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Patient, if other than Patient: \_\_\_\_\_

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



Please email completed form to [brian@vipneurorehab.org](mailto:brian@vipneurorehab.org) or return to VIP Staff.

Thank you for applying!

All applications will be reviewed by our Board of Directors and awarded based on need and availability. Should you receive funding, awards will be credited to the patient's VIP account to be used directly toward Therapy Session costs.