



## Individual Exercise Grant Program Application 2019

Strength in optimism. Hope in progress.

Exercise and an active lifestyle are key components to delaying the progression of symptoms in Parkinson Disease. The APDA - Wisconsin Individual Exercise Grant Program is designed to financially assist people with Parkinson Disease to attend exercise programs of their choice who, due to financial constraints, could not otherwise attend exercise programs.

American Parkinson’s Disease Association of Wisconsin (APDA-WI) sponsors the Individual Exercise Grant Program. Approved applicants will be awarded up to \$300.00 per year.

### Instructions:

1. Complete Individual Exercise Grant Program Application.
2. Obtain a statement from grant recipient’s medical doctor or physician’s assistant that confirms a Parkinson’s Disease diagnosis (including a signature and stamp from the doctor/physician’s assistant).
- 3. Send to APDA-WI at 5900 Monona Drive, Suite 407, Monona WI 53716:**
  - a) statement from medical doctor or physician’s assistant confirming Parkinson’s Disease diagnosis (including a signature and stamp from the doctor/physician’s assistant).
  - b) completed *Individual Exercise Grant Program Application*
4. Pay your exercise class provider or personal trainer directly and submit copies of the invoices to APDA Wisconsin Chapter via email (apdwi@apdaparkinson.org) or mail (must be approved before date on invoices).
5. APDA WI will then issue a reimbursement check. Checks will be mailed directly to the applicant at the address provided below.

*We respect your privacy and will never share your personal information with third parties other than those indicated on this form.*

### Applicant Information: ( “Applicant” has Parkinson Disease diagnosis)

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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Program Information**

Title of Exercise Program wish to attend: \_\_\_\_\_

Brief Description of Program:

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

Date(s) of Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Frequency of Program (daily, weekly, monthly, etc.): \_\_\_\_\_

How do you feel you will benefit from participating in this exercise program?

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

**Funding Information**

Have you requested funds from APDA Wisconsin before?  Yes  No

If yes, name and date of program/event, and amount of funding received:

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

Are you requesting funding from any other sources?  Yes  No

If yes, name of funding source:

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

**Individual Exercise Grant Program Terms and Conditions**

**Client Consent:** I understand and agree that to participate in the Respite Care Grant Program of the American Parkinson Disease Association (APDA) Wisconsin State Chapter.

**I understand that** any additional expenses over the approved \$300.00 amount will become the Individual Exercise Grant recipient's sole responsibility.

**Release of Liability:** I understand that the Wisconsin State Chapter APDA assumes no liability or obligation for delivery of exercise programming or services or failure of services provided by the exercise provider.

**Medical Approval:** I agree to seek medical approval from my health care provider prior to participating in a new exercise program.

**I affirm that:** the information provided in this application is true and accurate, and that I have a financial need for this grant.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Guidelines:**

- A diagnosis of Parkinson’s disease must be confirmed by the client’s physician.
- Applicant must reside in the state of Wisconsin.
- Applicant must have a financial need for this grant, such that without the grant, Applicant would not be able to afford the desired program.
- Maximum annual grant limit is \$300.
- The approval process may take 10 - 15 days from receipt of the application and will be reviewed in the order received.
- Any classes or services beyond the approved amount will be the responsibility of the Applicant.
- Once approved, Applicant will pay the exercise provider directly and then provide copies of invoices to APDA Wisconsin Chapter for reimbursements.
- Grant funds may be used to pay toward the membership fee of a fitness facility, organized group exercise classes, or a personal trainer.

I have read and understand the above program guidelines.

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Applicant Name

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Applicant Signature

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Date

Please submit this application and survey to the address or email below.

If you have any questions, please contact us at (608) 345-7938.

**Mai: APDA Wisconsin 5900 Monona Drive, Suite 407, Monona WI 53716**

*Scan & Email: apdawi@apdaparkinson.org*