Patient Aid Scholarship Program Application

APDA's mission: Every day, we provide the support, education, and research that will help everyone impacted by Parkinson's disease live life to the fullest.

The APDA Vermont Chapter offers a patient aid scholarship program designed to provide financial support to people with Parkinson Disease (PD) and their families. Approved applicants will be eligible to be granted up to $500 once per calendar year (January – December). Funds are limited and will be awarded on a first come basis. This Patient Aid Scholarship Program is intended for individuals with PD in need of financial assistance for programs, services and/or activities, such as:

- **Exercise/Wellness**: Supports costs associated with exercise/wellness programs and activities that focus on evidence-based treatment to improve and maintain the health for persons with PD. This is for exercise-related activities and classes such as, but not limited to: boxing, dancing, yoga, tai-chi, physical therapy, occupational therapy, etc.
- **Medication**: Defray expenses not covered by other programs or health insurance.
- **Respite Care/Adult Day Program**: Subsidizes the cost of respite/adult care for the person with Parkinson's disease. Respite/Adult Care enables care providers to take time away from their responsibilities to rejuvenate.
- **Assistance at Home**: Covers expenses for home services, such as housework, light yard work, snow shoveling, and other tasks that a person with PD or a care provider are not able to complete.
- **Transportation:** Covers costs associated with travel to and from doctor's appointments, support groups, and other events for those who are no longer driving or for whom driving is significantly limited due to the effects of Parkinson's disease.
- **Childcare Assistance:** Subsidizes the cost of childcare for people with Parkinson's.
- **Adaptive Equipment:** Offsets costs associated with the purchase and/or installation of equipment or modifications needed in the home to Aid in activities of daily living, such as, but not limited to: grab bars, hand rails, widening doorways, bathroom accessibility, etc.

Instructions:

1. Complete Patient Aid Scholarship Program Application
2. Mail or email the completed application along with required documentation:
   APDA Vermont Chapter
   PO Box 2191
   South Burlington, VT 05407
   apdavermont@apdaparkinson.org

Applications are reviewed on a rolling basis and applicants will be notified within sixty (60) days of receipt. These scholarships are awarded on a first come basis and are based on availability of funds. The program is subject to change or discontinuation with limited notice.

For information about events and volunteer opportunities, please contact the Vermont Chapter at 802-847-3366 or apdavermont@apdaparkinson.org.

Applicant and Care Partner Information
("Applicant" has Parkinson's disease diagnosis)

Total Amount Requested: $
(up to $500 one-time payment per calendar year (January-December) can be awarded)

This scholarship is intended to be used for the following program(s) *(check all that apply):*

- ☐ Exercise/Wellness
- ☐ Medication
- ☐ Respite/Adult Day Program
- ☐ Assistance at Home
- ☐ Transportation
- ☐ Childcare
- ☐ Adaptive Equipment

Applicant Full Name:

Care Partner Full Name:

Care Partner Relationship to Applicant:!

Address:

City: State: Zip:

Phone: Applicant Care Partner:

Email: Applicant Care Partner:

Who is the primary contact? Choose One

Have you applied for this scholarship or any other related financial award from APDA in previous years?
YES ☐ NO ☐

Physician Confirmation:
The above-named applicant is currently under my care and has a diagnosis of Parkinson's disease.

Physician Name (please print):

Physician Signature:

IMPORTANT: Physician's Stamp must be on application or a separate letter from physician confirming the applicant's PD diagnosis with the physician's stamp on it can be attached.

☐ **Physician Letter Attached** **or** ☐ **Physician Stamp Below**

Eligibility Guidelines

To qualify for this Patient Aid Scholarship Program, the applicant agrees to:

- Complete and submit the entire application.
- Provide physician's confirmation of a diagnosis of Parkinson's disease.
- Understand this program is intended for individuals with PD in need of financial assistance.
- Reside within the APDA Vermont Chapter area.
- Resides in the community, not in a rehabilitation center or long-term care, skilled nursing facility.
- Be on the APDA Vermont Chapter mailing list.
- Allow APDA to contact you to provide additional information and educational materials.

Client Consent: I understand and agree **(please check each box)**:

☐ To the guidelines and requirements of this program and request financial assistance from the APDA Vermont Chapter.

☐ That the applicant/care partner is solely responsible for choosing the provider for the programs this scholarship is intended to be used for and that APDA assumes no responsibility for choice of provider.

☐ That any additional expenses beyond the approved amount will be the applicant's sole responsibility.

☐ To provide copies of receipts/invoices to the APDA Vermont Chapter within the year that the scholarship was issued for the purpose this scholarship was intended to be used.

Release of Liability: On behalf of myself, my heirs, successors, and assigns, I hereby forever release, indemnify, and hold the APDA, its officers, directors, employees, and agents, harmless from and against any and all injuries, deaths, claims, liabilities, losses, damages, costs, and expenses arising from or in any way related to, my participation in this program. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.

The applicant and, if applicable, care partner (or someone who is legally authorized to sign on his/her behalf) must sign or make some mark indicating their agreement of the guidelines and requirements as mentioned above.

Applicant's Signature

Care Partner Signature Date

FOR APDA USE ONLY:

Date received: Date approved:

All application requirements received: Choose One

Date scholarship payment was issued: Amount Approved

2019-v1.5

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