

B In Motion Foundation

4030 S State Street
Salt Lake City, Utah 84107

Dear Applicant,

In 2008, Jay Broadbent, CEO of Alpine Home Medical, and his family started the B in Motion Foundation. The goal of the foundation is to provide wheelchairs and other medical equipment to individuals who are under-insured or otherwise cannot afford it.

In the last ten years, the B in Motion Foundation has helped dozens of people receive the medical equipment they need. The foundation is run entirely by volunteers, so 100% of all donations go directly to the recipients and their equipment.

If you would like to apply to be B in Motion recipient, please fill out the enclosed application and return it to the address above along with ALL of the requested supplemental materials. Our board will review your application only after ALL documentation has been received and determine whether you meet the criteria to receive the needed equipment through the B in Motion Foundation. You will receive a letter informing you of the status of your request once a decision has been made.

Thank you for you application. Please let us know if you have any questions by calling (801) 463-0044 or (801) 506-1822.

B in Motion Foundation

FINANCIAL HARDSHIP APPLICATION

Name:		Phone:	
Address:		Birthdate:	Gender:
		Health Insurance ID Numbers: (List All)	
City:			
State:	Zip:		
Are you currently receiving any type of assistance from local, county, state, or federal government agencies? If so, describe: 		Please list your monthly household income, from all sources: FOR ALL ADULTS IN HOUSEHOLD (Include employment, social security, retirement, pensions, investments)	
		How many persons are in your household? Adults: _____ Minors (17 years and younger) _____	
You must apply for Medicaid assistance and provide a copy of the letter of the decision to Alpine HME. Decision of hardship will be delayed until the letter is provided.		Please list your monthly expense (**include copies of last stmt)	
		*Rent/Mortgage:	
		*Automotive:	
		*Other Transportation:	
		*Utilities:	
		*Cell Phone:	
		*Cable/Satellite/:	
		*Internet:	
		Food/Groceries:	
		Prescriptions:	
Medical Expenses:			
Do you have any friends/family that can provide financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		Other: (Describe)	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you gross per month?		*Cable/Satellite/: *Internet:	
How much do you have in savings to which you have immediate access?		Food/Groceries: Prescriptions:	
Do you have any friends/family that can provide financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:		Medical Expenses: Other: (Describe)	

***Please attach a current copy of your bank statement to be reviewed with your application and all copies of bills.

Your application will not be processed until all copies are provided to our office.

I certify, by penalty of law, that all the above statements are true and correct, to the best of my knowledge.

Signature _____ Date _____

Signature of approval : _____ Date: _____

9-Jan