7961 Falling Creek Rd
Bedford, Virginia 24523
Phone # (540) 425-0467
Fax # (540)-527-9837
Email: pspcbdfoundation@gmail.com

Application for Assistance

Name of Applicant:	Date of Birth:	Primary Contact #:
Primary Mailing Address:		
Person filling out the form:	What Is Your relation to Applicant:	Primary Contact #:
Primary Contact Email:	Primary Diagnosis related to application: ☐ PSP ☐ CBS ☐ CBD ☐ PSP and CBS/CBD	Has the applicant applied for assistance with us prior? ☐ Yes ☐ No

Assistance request for:

(Check all that apply)

- ☐ No-tech communication cards
- ☐ No-tech communication board
- ☐ Sound-room monitors
- ☐ Beside railings
- ☐ Nosey cups
- ☐ Simply Thick Gel Thickener
- ☐ Depends
  - ☐MALE ☐FEMALE
  - ☐SMALL ☐MEDIUM ☐LARGE ☐X-LARGE ☐XX-LARGE ☐XXX-LARGE
- ☐ Z-guard paste

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- ☐ Cushion raised toilet seats

- ☐ Bed pads
- ☐ Oral care kit (toothbrushes, toothpaste, toothettes, mouthwash, no-rinse mouth cleaner)
- ☐ Pulse oximeter
- ☐ Blood pressure monitor
- ☐ Thermometer
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other:_____

Reason for the request:

_____

_____

Please provide a receipt of any medical necessities purchased for reimbursement up to $350.00. By doing so will result in faster review for expedited reimbursement.

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*This application must be signed by a licensed professional member of your multidisciplinary care team. This can include a Registered Nurse, License Practicing Nurse, Nurse Practitioner, General Physician, Physical Therapist, Occupational Therapist, Speech-language Pathologist, Dietitian, Psychologist.

I testify to the best of my knowledge that the person above is diagnosed with progressive supranuclear palsy and/or corticobasal syndrome and/or degeneration who may require additional assistance as stated above to improve their quality of life.

Licensed Professional Signature Date

Licensed Professional Printed Name

NPI #:	Field of Expertise:
Contact #:	Email:

Signature of Applicant Printed Name
OR Individual filling out form

Date

*Please allow up to 30 days for processing and approval of this application prior to contacting PSP&CBD Foundation to check the status of your application.