



## Limbs for Life

9604 N. May Ave.

Oklahoma City, OK 73120

(405) 843-5174 office / (405) 843-5123 fax

(888) 235-5462 toll-free

[www.limbsforlife.org](http://www.limbsforlife.org)

**KEEP FOR YOUR  
FUTURE REFERENCE**

## Patient Assistance Application Instructions

### Are you eligible for financial assistance through Limbs for Life (LFL)?

- You must be a lower limb amputee who has no other means to pay for prosthetic care including: Medicaid, Medicare, insurance coverage or state assistance (LFL does not assist with co-pays or co-insurance)
- You must be a U.S. citizen or a legal permanent resident of the U.S. to qualify
- You must show proof of your financial need by providing verification of monthly income
- You must consent to a criminal background check (p. 3)
- You must use a prosthetist that agrees to accept LFL payment as full payment for their services (p. 4)

### How to apply

- When submitting your application you must include these items:
  - A readable copy of your photo ID; if you are not a U.S. Citizen, a copy of your Permanent Residence Card or Naturalization Certificate is required
  - Monthly federal aid notices: SS/SSI/SSDI award letters & food stamp statements (Include spouse)
  - If you or your spouse are working, send copies of pay stubs to show most recent income
  - If you don't have any income and someone is supporting you, please have them write a letter on your behalf stating they are currently helping you out with shelter, bills, etc.
  - Return required copies by mail, fax or email to:

**Limbs for Life Foundation**  
**9604 N. May Ave., Oklahoma City, OK 73120**  
**Fax 405-843-5123 or [admin@limbsforlife.org](mailto:admin@limbsforlife.org)**

- If you have not received any contact from Limbs for Life within 30 days of submitting your application, please contact us at 888-235-5462 or [admin@limbsforlife.org](mailto:admin@limbsforlife.org).
- Our minimum waiting period is 90 – 120 days following receipt of your complete application and all required documents. Other available state resources should be pursued during this time.

### **Limbs for Life is not able to fund all applicants. These factors are considered during application review:**

- |                         |                                  |
|-------------------------|----------------------------------|
| • financial need        | • physical health and well-being |
| • U.S. residency status | • anticipated mobility outcome   |
| • criminal background   | • self-motivation                |

### **Approved applicants:**

- Will receive a call confirming that your funds are available and you may now make an appointment with your prosthetist to begin the fitting process
- A confirmation letter is faxed to your prosthetic clinic
- Limbs for Life's commitment will expire six months (6) from the date of confirmation

**It is your responsibility to notify us with any changes in your contact information. Please note: complete applications with all required documentation will be given priority in the application process.**

### ADULT APPLICANT INFORMATION

(Complete blanks or circle correct response)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Marital Status \_\_\_\_\_ Gender: **M or F** Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN (required for background check) \_\_\_\_\_

Ethnicity/Race:      Black/African American      White      American Indian  
                                  Asian      Hispanic/Latino      Other \_\_\_\_\_

\_\_\_\_\_ US Citizen? Have you received funding from LFL in the past? \_\_\_\_\_ Year? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Limbs for Life provides financial assistance for individuals who have no insurance, no government or supplement assistance that covers any portion of the cost of prostheses. A client receiving any form of assistance for any payment for prosthetics does not qualify for funding from Limbs for Life.**

Are you currently employed? **Yes or No** If not, do you plan to return to work or school? **Yes or No**

What is your occupation? \_\_\_\_\_

Have you contacted your state vocational rehabilitation agency about the availability of help? **Yes or No**

Do you receive assistance from or are you covered by any of the following (circle all that apply):

Medicaid      Medicare Part B      Social Security Disability      Social Security      Health Insurance

Monthly Income \$ \_\_\_\_\_ Spouse Income \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**\*You must submit copies of your photo ID, SSI/SSDI & Food Stamp statements, pay stubs, or bank statements as proof of household income (incl. spouse). If you don't receive any income then we require a letter of support from someone who knows your situation or is helping you out.**

Are you responsible for care of children under the age of 18? **Yes or No** # of children in your care \_\_\_\_\_

Living arrangements:      Rent      Own      Reside with friend or relative      Long Term Care Facility

How did you hear about Limbs for Life?      Internet      Social Worker      Doctor/Hospital      Clinic

Other \_\_\_\_\_

*I verify that the above information is true to the best of my knowledge, and understand that this information will be kept confidential.*

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## MEDICAL INFORMATION

Applicant Name: \_\_\_\_\_

Do you have a prescription for your prosthetic? **Yes or No**

Circle Level of Limb Loss:      Right Above Knee    Left Above Knee    Right Below Knee    Left Below Knee

Do you currently wear a prosthesis? **Yes or No**    How long have you had it? \_\_\_\_\_**Circle cause of limb loss or list other**

Congenital    Cancer    Diabetes    Gangrene    Infection    Injury/Trauma    Vascular Disease

Other \_\_\_\_\_

Describe details/circumstances of your limb loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Date of Amputation** (month/year) \_\_\_\_\_Do you have Diabetes? **Yes or No**    List other health problems \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Excluding the amputation, circle the number that best rates your overall health**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
(Poor)									(Excellent)

How will a new prosthetic leg improve the quality of your life and the lives of your family members? List all hobbies, activities, or particular lifestyle details. Please be detailed and use another page if needed:

\_\_\_\_\_

\_\_\_\_\_

Please list any immediate circumstances we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the above information is true to the best of my knowledge, and understand that this information will be kept confidential.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LIMBS FOR LIFE FOUNDATION**  
**APPLICANT'S CONSENT FOR BACKGROUND CHECK,**  
**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION AND RELEASE OF CLAIMS**  
**(NOTE: *photo release is the only optional item*)**

By signing below I agree to authorize the following:

- I have applied to Limbs for Life Foundation for financial assistance in obtaining a prosthesis and /or related services. I acknowledge that if financial assistance is awarded on my behalf, Limbs for Life Foundation's involvement is limited to providing financial assistance with payment to the clinic and not the individual. Limbs for Life Foundation does not provide prostheses or any related services. Limbs for Life Foundation has not made any guarantees, warranties or assurances to me regarding the prosthesis or related services.
- I hereby give my permission to Limbs for Life Foundation to obtain information relating to my employment records, educational verification, license verifications, driving history, previous address, social security verification, and public records relative to criminal charges and criminal history. I understand that this information will be used, in part, to determine my eligibility for financial assistance to obtain prosthetic care.
- I understand that my application to Limbs for Life may be denied because of information contained in this report and any adverse information could have effect, repercussions, or consequences in my efforts to obtain assistance from Limbs for Life.
- I authorize the holder of any medical documentation or information about me to release to Limbs for Life Foundation any information needed to determine if I qualify for financial assistance according to the conditions of Limbs for Life Foundation.
- I do hereby completely release, acquit, hold harmless, and forever discharge Limbs for Life Foundation and its agents, affiliates, servants, employees, principals, successors, divisions, groups, subsidiaries, affiliates, affiliated companies, branches, shareholders, predecessor companies, successor companies, officers or directors, (it being agreed that it is not necessary to specifically name each and every one of them) of any and all responsibility, present or future claims, suits, obligations, liabilities, causes of action, demands, damages, costs and expenses of any nature whatsoever, known or unknown, in law, equity or otherwise, which I now have or which may hereafter accrue on account of, result from, or in any way arise out of or in connection with, the prosthesis and related services. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors, and assigns of the undersigned.

I acknowledge that I have read and fully understand this Release, Authorization, and Consent and that all my questions regarding same have been answered to my satisfaction.

**Patient Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO/VIDEO/MEDIA RELEASE (optional)**

I give my consent to Limbs for Life to use any photographs, video, or any other medium taken of me for educational and/or publication purposes.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PROSTHETIST INFORMATION**  
To be completed and signed by the prosthetist

Prosthetist Name: \_\_\_\_\_ Certification Type: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Level of Amputation:      Right Above Knee      Left Above Knee      Right Below Knee      Left Below Knee

Date of Amputation: \_\_\_\_\_ Cause: \_\_\_\_\_

Anticipated Level of Ambulation:      K0      K1      K2      K3      K4

Level of Motivation:      1 (lowest)      2      3      4      5

Comments: \_\_\_\_\_

**FEE SCHEDULE**

*Fee includes test and final socket, fabrication of prosthetic and adjustments as needed for the life of the socket*

<b>Above Knee, Knee Disarticulation and Hip Disarticulation</b>	<b>\$3,500.00</b>
<b>Below Knee and Symes</b>	<b>\$2,500.00</b>

- Limbs for Life (LFL) will provide donated/used componentry, new textile items and replacement parts as needed & as available upon your request
- LFL will not pay for work completed prior to your receipt of the confirmation letter stating approval of our financial commitment
- All work must be completed within six (6) months of the date of the confirmation letter
- LFL will not pay in combination with or supplement any other financial assistance or coverage
- Patient is eligible to re-apply for LFL financial assistance once every 36 months

**REQUIRED PRIOR TO PAYMENT**

When final limb is delivered, **submit a 'private pay' invoice with two (2) or more digital photographs and/or video of the patient wearing the new prosthesis.**

***This agreement, if approved by the Board of Directors, is an agreement between the Foundation and the prosthetic clinic. No money shall ever be paid to the applicant. Additionally, by signing this form, the prosthetist agrees to absorb any additional costs above the amount designated in the fee schedule, so as to provide this service free-of-charge for the applicant.***

Prosthetist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this page to:

Limbs for Life Foundation    9604 N. May Ave.    Oklahoma City, OK 73120  
Toll free: 888-235-5462 Fax: 405-843-5123    [admin@limbsforlife.org](mailto:admin@limbsforlife.org)    Ver. 2020.1