



APPLICATION FOR ASSISTANCE

PERSONAL	Last Name		First		Middle		Home Phone		Height		Weight			
	Email Address						Cell Phone			Birth Date				
	Address						State		Zip		Age			
	Education			Name of School			Last Grade Completed			Now attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Name of Parents or Guardians						Parent/Guardian Phone			School or grade at time of injury?				
	Parent/Guardian Address			Parent/Guardian City			State		Zip					
	Father's (Guardian's) Employer						Title							
	Mother's (Guardian's) Employer						Title							
SPORT HISTORY	Sport Played													
	Coach's Name													
	Coach's Contact Information													
	Please attach a letter of verification of sport played from your coach													
MEDICAL HISTORY	Nature and extent of injury and level of spinal cord involvement (Describe fully)								Date of Injury					
	How and when did injury occur?													
	General Prognosis						HOSPITAL/REHABILITATION CENTER ADMISSION RECORD							
									NAME OF HOSPITAL/ REHABILITATION CENTER		HOW LONG?			
							CURRENT							
PRIOR 1														
PRIOR 2														
ASSISTANCE	SOURCE		APPLIED		FUNDS			EQUIPMENT						
			YES	NO	RECEIVED	PROMISED	RECEIVED	PROMISED						
	Insurance													
	Vocational Rehabilitation													
	Fund drives													
	Other													
	NAMES OF PROFESSIONALS YOU ARE NOW WORKING WITH													
Physician			Vocational rehabilitation					Social service/welfare						
Is there any pending litigation in this matter? Please describe														

NEEDS/PLANS/GOALS

How can Missouri KIDS help you?

What are your immediate needs?

What are your immediate plans and/or goals? (Education/Employment)

How would your goals/plans be affected by Missouri KIDS assistance?

SPECIAL COMMENTS

Use this space to describe any special problems or limitation or tell anything else about your situation that you feel is important for Missouri KIDS to know as it evaluates your application. If more space is needed, please use a separate piece of paper.

I hereby acknowledge that filing this application provides necessary information for evaluation and is not a guarantee of assistance from Missouri KIDS Inc., and I hereby give Missouri KIDS Inc., permission to contact and receive information and verification from those professionals under whose care I remain.

Date

Signature

Parent/Guardian Signature



GENERAL AGREEMENT AND RELEASE OF PHOTOGRAPHY RIGHTS

I grant to Missourians Who Kare for Injured and Disabled Students (Missouri KIDS), its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Missouri KIDS, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Missouri KIDS may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

The Undersigned further declare and represent that no promise, inducement, or agreement not herein expressed has been made to the Undersigned, and that this Agreement and Release contains the entire agreement made between the parties hereto, and that the terms of this Agreement and Release are contractual and not mere recital.

PLEASE READ THE ENTIRE AGREEMENT BEFORE SIGNING

SIGNATURE	
PRINTED NAME	
ADDRESS	
DATE	
SIGNATURE OF PARENT/GUARDIAN (IF UNDER AGE 18)	