



## Ye Notorious Krewe of the Peg Leg Pirate, Inc., Application for Financial Assistance



Patient/Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Patient/Child's Birth Date: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Name(s) of parent(s) or legal guardian(s), \_\_\_\_\_

Requested Amount of Financial Assistance: \_\_\_\_\_

### FINANCIAL INFORMATION

Current employer(s) of all parents and/or legal guardians of child as well as positions held for each parent/legal guardian, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment Status of each parent/legal guardian \_\_\_\_\_ (parent/legal guardian)

\_\_\_ Full time

\_\_\_ Employed part-time or seasonal

\_\_\_ Under-employed- working for very low wages

\_\_\_ Unemployed or about to become unemployed

Income from employment of parent or legal guardian \_\_\_\_\_ (parent/legal guardian)

Number living in residence: Adults \_\_\_\_\_ Children \_\_\_\_\_ (ages of children)

Delineate all other sources of funding/income of family (e.g. alimony, child-support, pension, disability, investment income, retirement, unemployment, go-fund-me):

\_\_\_\_\_  
\_\_\_\_\_

Annual Income of Family (before taxes): \_\_\_\_\_

Automobiles of family \_\_\_\_\_



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Other Assets/Property of Family if not included above:

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Own Home: \_\_\_\_\_ Rent Home: \_\_\_\_\_

Address of Home if different from above

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Monthly mortgage/rent: \$ \_\_\_\_\_

Household Expenses (i.e. electric, water, garbage, auto and auto expenses, food, phone, etc.):

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Other unusual or extraordinary expenses:

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Health insurance provided Patient/Child by: \_\_\_\_\_

Other financial or special circumstances Krewe should consider with regard to Patient/Child

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### PHYSICAL IMPAIRMENT/DISABILITY INFORMATION

Describe patient physical condition (cause and history of amputations):

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\_\_\_\_\_  
Doctor/Physical Therapist/Prosthetist

\_\_\_\_\_  
Dated signed



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**To be completed by Physical Therapist if asking for handcycle, tricycle or prosthetic device:**

Describe the equipment being requested:

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Reason that handcycle or tricycle would be an asset to the amputee:

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Print Physical Therapist Name

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Physical Therapist Signature

Date signed

Hospital or Clinic 

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Send application along with other required documents to:

Ye Notorious Krewe of the Peg Leg Pirates, Inc  
PO Box 246  
Riverview Florida 33568

Contact Person of Krewe: 

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Contact Number: 

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E-mail: 

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