



Spina Bifida Association
of Connecticut

Please Print

Today's Date: _____

Application for ACCESSIBILITY Assistance

Name of person for whom aid is being requested: _____

Name of Parent or Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail Address _____

Day Phone: (_____) _____ Night Phone: (_____) _____

Are you currently receiving any additional financial assistance for these expenses?: Yes No

If Yes, Please describe this assistance: _____

Prior SBAC Cash awards since last October: \$_____

All of the information contained on this form is true and correct to the best of my knowledge. I hereby give the SBAC permission to verify any of this information. I understand that although a maximum ANNUAL distribution from the SBAC is pre-determined, this amount will only be awarded according to the SBAC allocation policy.

Signed, _____ Date: ____/____/____

This application is for:

- Automobile Modifications (*hand controls, lift*)
- Recreational equipment (*racing chair, handcycle*)
- Home Modifications (*grab bar, widen doors*)

Type of modification or equipment _____

Contractor name and License Number: _____

(all home modifications must be done by a licensed contractor)

Attach copy of invoice describing work done and total cost.

Attach copy of all legally required building permits for home modifications.

Rules for Application

1. Application must be for a person with spina bifida. A physician statement of disability is required, including the physician's address and phone number.
2. Applicant must reside in the SBAC service area, the State of Connecticut.
3. We reimburse out of pocket expenses only. We will NOT duplicate any expense already paid for by an insurance company or state, federal or private agencies.
4. All applications must be accompanied by documentation as requested on application.
5. Applications for Auto Modification for a driver must include a prescription for equipment.
6. Applications for ACCESSIBILITY allocations must be postmarked by March 1st or September 1st.
7. Checks will be made payable to the provider, unless a paid invoice is provided.
8. All expenditures must have been incurred within 12 months of the application deadline.
9. Awards are paid at a level of 25% of unpaid or out-of-pocket amount, with a Maximum payout of \$500 per calendar year.