

Please send completed application, along with the following documents to info@unlockedinc.org:

- 1. A letter of medical necessity (LMN) from your therapist detailing the requested equipment (please include the name of the equipment, brand, accessories, and attachments);
- 2. A detailed quote from your equipment vendor for the equipment requested (please note that unlocked, Inc. will utilize its own equipment vendors for grant purchases);
- 3. Letter of denial from your insurance company for the requested equipment <u>or</u> a letter from your insurance company detailing the amount covered for the requested equipment; and
- 4. A letter explaining your child's story. Please include as much information as you are willing to share about your child, his/her condition, your family, the reason your child needs the requested equipment and the impact or benefit you hope to achieve from the requested equipment.

Personal Information

Child's Name (First, Middle, Last):	
Address:	
City, State, Zip:	
DOB:	Male/Female:

Parent/Guardian Information

Parent/Guardian Name:	
Address (if different from	
above):	
City, State, Zip:	
Phone:	Email:
Parent/Guardian Name:	
Address (if different from	
above):	
City, State, Zip:	

Phone:		Email:		
lousehold Inform	nation			
Household/Family Size:		Household Annual Income:		
Number of Siblings:		Age of Siblings:		
nsurance Informa	ation			
Does Child Have Priva Insurance (Y/N)?	te			
Is Child Eligible for Me (Y/N)?	edicaid			
Medical History Child's Diagnosis:				
Age at Diagnosis:				
Areas of Delay:				
Does Your Child:		Yes/No	Is Your Child:	Yes/No
		res/No		res/NO
Sit Independently			Vision Impaired	
Crawl			Hearing Impaired	
Walk			Cognitively Impaired	
Speak Eat Independently				
Does Your Child Recei			Yes/No	Frequency

Physical Therapy

Speech Therapy Feeding Therapy Other Therapy	Occupational Therapy			
Equipment Information Equipment Currently Using: Yes/No Pes/No Pes/No AFOS/SMOS Bath Seat Glasses Gait Trainer Glasses Stander Arm/Leg Orthotics Activity Chair Wheelchair Augmentative & Alternative Other Equipment (if yes, include type) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc., would you be willing to share your story with	Speech Therapy			
Equipment Currently Using: Yes/No Yes/No AFOS/SMOS Bath Seat Gait Trainer Glasses Stander Arm/Leg Orthotics Activity Chair Wheelchair Augmentative & Alternative Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc., would you be willing to share your story with	Feeding Therapy			
Equipment Currently Using: AFOs/SMOs Bath Seat Gait Trainer Glasses Stander Activity Chair Augmentative & Alternative Communication Device (AAC) Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc., would you be willing to share your story with	Other Therapy			
Equipment Currently Using: AFOs/SMOs Bath Seat Gait Trainer Glasses Stander Activity Chair Augmentative & Alternative Communication Device (AAC) Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc., would you be willing to share your story with			L	
AFOs/SMOs Gait Trainer Glasses Stander Arm/Leg Orthotics Activity Chair Augmentative & Alternative Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc., would you be willing to share your story with	Equipment Information			
Gaist Trainer Stander Arm/Leg Orthotics Activity Chair Augmentative & Alternative Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc., would you be willing to share your story with	Equipment Currently Using:	Yes/No		Yes/No
Stander Activity Chair Augmentative & Alternative Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc., would you be willing to share your story with	AFOs/SMOs		Bath Seat	
Activity Chair Augmentative & Alternative Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc., would you be willing to share your story with	Gait Trainer		Glasses	
Augmentative & Alternative Communication Device (AAC) Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc., would you be willing to share your story with	Stander		Arm/Leg Orthotics	
Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc.? If your child receives a grant from unlocked, Inc., would you be willing to share your story with	Activity Chair		Wheelchair	
Equipment Requested Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc.?	_			
Type: Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc.?			, , , , , , , , , , , , , , , , , , , ,	
Brand: Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc.?	Equipment Requested			
Name of Equipment Vendor: Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc.?	Type:			
Name of Therapist Recommending Equipment: Misc. Information Has your child received any other grant(s) (Y/N)? Date Received: How did you hear about unlocked, Inc.? If your child receives a grant from unlocked, Inc., would you be willing to share your story with	Brand:			
Misc. Information Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc.? If your child receives a grant from unlocked, Inc., would you be willing to share your story with	Name of Equipment Vendor:			
Misc. Information Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc.? If your child receives a grant from unlocked, Inc., would you be willing to share your story with	Name of Therapist			
Has your child received any other grant(s) (Y/N)? How did you hear about unlocked, Inc.? If your child receives a grant from unlocked, Inc., would you be willing to share your story with				
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How did you hear about unlocked, Inc.? If your child receives a grant from unlocked, Inc., would you be willing to share your story with	Misc. Information			
If your child receives a grant from unlocked, Inc., would you be willing to share your story with		Which Grant(s)?		Date Received:
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