

Please complete the application with required supporting documents and return to the Odin George Foundation.

To be eligible for equipment, an applicant must:

- * Have a complex medical need as evidenced through diagnosis;
- * Be between the ages of birth through age 17;
- * Reside in either Missouri or Kansas; and
- * Have no previous funded application through the Odin George Foundation.

Requests may be made for items \$2,500.00 or less. Exceptions may be made on a case-by-case basis. Trexo Robots will not be approved.

Applications will be reviewed, and approved or denied by the Board of Directors of the Odin George Foundation. The Board's decision will be based on its sole discretion. All Board decisions are final. All applicants will receive a written notice of approval or denial of their application. Foundation staff is available to answer questions about the application and may be contacted via email at info@odingeorge.org

Applicant Information

Name of Child:
Date of Birth:
Diagnosis:
Street Address:
City, State, Zip:

Parent/Guardian Information

Name:	 	 	
Phone:	 	 	
Email:			

Describe the item/equipment requested. Be as specific as possible and include estimated cost and purchase location:

Medical Professional/Education Professional Recommendation Letter

A letter from a medical professional or education professional involved in your child's care is required. The letter must include the professional's name, title, address, phone number, email, and why the item requested will benefit the child. Examples of professionals are: Doctors, APRN's, OTs, PTs, and Teachers.

Acknowledgement & Consent

By my signature below, I (recipient parent or legal guardian) acknowledge that I understand and agree to the following:

1. Applicant certifies that the information provided in this application is true and correct, and that misrepresentation of information may result in denial of this application.

2. That Odin George Foundation, Inc. is not obligated to provide any or all of the equipment that has been requested.

3. The applicant's child is not older than 17 years of age and has a complex medical need as evidenced through diagnosis.

4. The applicant and child reside in Kansas or Missouri and have not previously received funding from the Odin George Foundation.

5. The applicant authorizes the Odin George Foundation to contact the physicians, teachers, and/or therapists listed in the medical information section of this application to verify their child's complex medical needs.

6. Upon receipt of any donated equipment, the applicant will promptly inspect the equipment and notify the Odin George Foundation of any problems or damage.

7. Any equipment donated by the Odin George Foundation as a result of this application becomes the sole responsibility of this applicant. The foundation is not responsible for owning, fitting, maintaining, adjusting, replacing, or repairing donated equipment.

8. The applicant releases and discharges the Odin George Foundation, its agents, officers, and employees from any and all legal actions, claims or demands which the applicant may have now or in the future due to personal injuries, property damage or other loss arising out of any accident, casualty or occurrence which may come about through the use of equipment donated by the foundation.

_____ The applicant agrees and consents to permit the Odin George Foundation to photograph the applicant and/or child using donated equipment for publicity and promotional purposes and to identify the child by their first name.

_____ The applicant does not consent to permit the Odin George Foundation to photograph the applicant and/or child using donated equipment and/or to identify the child by their first name.

Parent/Guardian Signature Date

Please provide all information and documents to the Odin George Foundation:

By mail: Odin George Foundation

P.O. Box 1392

Lee's Summit, MO 64063

By email: info@odingeorge.org