

# Item Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Child's Diagnosis: \_\_\_\_\_

Documentation supplied from the child's doctor pertaining to diagnosis. Please attach documentation to this form when submitted.

What item is being requested? \_\_\_\_\_

Have you tried to get funding through the child's insurance company?  Yes  No

Is the child enrolled in Medicare or Medicaid?  Yes  No

Is the child enrolled in MHDS?  Yes  No

If yes to any of the above please apply denial letter to this document.

To what other organizations is the child aligned?

Have you attempted to get the requested device from the organizations listed?  Yes  No  
(If yes please provide denial letter)

Does the doctor believe this item could help the child? If yes, please provide a note from the doctor. If you believe this item could help please write on the opposite side of this form why you think this will help.

The above information is correct to the best of my knowledge. Shall the donation be approved, I will use the donated item for the purposes listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

Approved

Signature of approved

Date

Denied



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