Grant Application

HOW2 FOUNDATION
HELP OUR WOUNDED

SECTION A

General Application

Name: _____

Are you seeking this treatment for yourself or someone else? ☐ Yes ☐ No

Candidate Information

Name _____ Relation _____

DOB _____ Gender _____

Current Address _____

_____

_____

Local Address (if different from current) _____

_____

_____

Phone (Home) _____ Phone (Cell) _____

Are you able (or willing) to arrange your transportation to/from a hyperbaric clinic to receive treatment? Yes ☐ No ☐ Unsure ☐

Medical Information

Have you had a recent medical physical? Yes ☐ No ☐

If "Yes," please provide the date_____

Is there a chance that you are pregnant? ☐ Yes ☐ No

Which indication are you seeking hyperbaric oxygen therapy (HBOT) treatment for?

- ☐ TBI
- ☐ PTSD
- ☐ Depression
- ☐ Autism
- ☐ Multiple Sclerosis
- ☐ Lyme's Disease
- ☐ Cerebral Palsy
- ☐ ADHD
- ☐ Schizophrenia
- ☐ Not sure
- Other: _____

Who is your health insurance provider?

- ☐ Aetna
- ☐ Argus
- ☐ Assurant Health
- ☐ Blue Cross/Blue Shield
- ☐ Cigna
- ☐ Coventry Health Care of Florida, Inc.
- ☐ Delta Dental
- ☐ HCC Life Insurance
- ☐ HII (Underwritten by Companion Life Ins.)
- ☐ Humana
- ☐ IHC Group
- ☐ Nationwide
- ☐ Security Life Insurance
- ☐ United Healthcare
- ☐ UnitedHealthOne
- Other: _____

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Marketing Information

How did you hear about The HOW Foundation of South Florida?

☐ Physician Referral	☐ Print Ad	☐ Social Media
☐ Friend	☐ Magazine Article	☐ Online Search Engine
☐ Online Ad	☐ Newspaper	Other: _____

Are you willing to provide a testimonial after completing treatment? Yes ☐ No ☐

Are you willing to appear in any promotional materials for The HOW Foundation of South Florida? Yes ☐ No ☐

Are you currently (or were you previously) a member of the Armed Forces (Air Force, Army, Coast Guard, Marines, National Guard, Navy, Reserves)? Yes ☐ No ☐

*If "Yes," please proceed to **Section B**.*
*If "No," please see **Section C** for Additional Documentation.*

Are you currently (or were you previously) a member of public safety service (Fire, Police, SWAT, FBI, CIA, Emergency Medical Professional)? Yes ☐ No ☐

*If "Yes," please proceed to **Section B**.*
*If "No," please see **Section C** for Additional Documentation.*

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SECTION B

United States Armed Forces, Public Safety Services, and Veterans' Application

Are you currently an active member of the Armed Forces or Reserves? Yes ☐ No ☐

If "Yes," which branch?_____

How many years?_____

Are you currently a member of public safety service? Yes ☐ No ☐

If "Yes," which service? _____

How many years?_____

Have you ever been diagnosed with PTSD by a certified physician? Yes ☐ No ☐ Unsure ☐

Have you ever been diagnosed with TBI by a certified physician? Yes ☐ No ☐ Unsure ☐

Are you willing to attend sessions with a psychologist prior to and on a weekly basis while completing your hyperbaric oxygen therapy treatment regiment? Yes ☐ No ☐

If "No," please provide an explanation:

_____

_____

_____

Are you willing to anonymously participate in a national study that aims to establish a protocol for helping veterans and other service members receive hyperbaric oxygen therapy treatment for TBI and/or PTSD? Yes ☐ No ☐ Unsure ☐

Thank you. *Please see* ***Section C*** *for Additional Documentation necessary to complete your grant application to The HOW Foundation of South Florida.*

Grant Application

SECTION C

Additional Documentation Necessary For All Applicants:

☐ Form of Government-Issued Photo Identification
- Passport
- Driver's License
- Military ID

Additional Documentation Necessary For Armed Forces Members:

☐ DD-214

☐ VA Card

Thank you for completing your Grant Application for The HOW Foundation of South Florida. Please return your completed application and a copy of your Additional Documentation to The HOW Foundation offices by

Email -
info@HOWFoundationSF.org

Fax -
561-819-6127

Mail
5130 Linton Boulevard, Suite I-8, Delray Beach, FL, 33484

Applications are currently being received on an ongoing basis.
We will notify you when your application has been received and as the status of your application changes.