

Brace Fund Application Form - 2021

1. The Brace Fund pays for medical expenses related to spina bifida (for example, a wheelchair).
 - How to file a claim: You must verify your identity and that you have spina bifida.
 - You must file timely (for 2021 expenses, file by 01/29/2022).
 - You can receive up to five checks per year.
 - **Send Claims to Sue Whelan 2416 Lampost Lane Baltimore MD, 21234-2615**
2. You must live in the area we serve (Baltimore & its surrounding counties).
3. Attach **original** documents showing the item and proof of payment. Circle cost & date.
4. Place receipts in chronological order & list on worksheet below. If the connection to spina bifida is not obvious, add an explanation (such as "prescription for bladder infection" or "doctor visit to treat pressure sore").

Your Name		Person with spina bifida	
Street address		His or her date of birth	
City & ZIP			
Phone number		Your email address	

- - - - - Worksheet - - - - -

Item (include connection to spina bifida if not obvious)	Date of Service or Date of Purchase	Amount You Paid
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
Grand Total		\$

Amount you are requesting	\$ _____
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Did you request money from another source? Yes No

If yes, please explain: _____

Your signature & date	
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