

Rocky Mountain Hyperbaric Association for Brain Injuries

Healing our Heroes Program Application

The mission of the Rocky Mountain Hyperbaric Association for Brain Injuries is to improve the quality of life for people suffering from brain injuries in the Rocky Mountain region by providing financial support and logistical assistance to individuals who are seeking rehabilitation through hyperbaric oxygen therapy and to promote education and understanding to the community of the benefits regarding hyperbaric oxygen therapy.

Applicant Information

Legal Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Day Time Phone Number:** _____

Email address: _____

Name of Legal Guardian (if under 18): _____

(Check One) Active Duty____ **Veteran**____

Did you serve in: OEF ____ **OIF** ____ **Both** ____

The following information is collected for our funders, who like to know the percentage of populations serviced through our programs:

Gender: Male Female

Ethnicity:

Hispanic Black Asian

Indian White Other: _____

How did you hear about the Rocky Mountain Hyperbaric Association for Brain Injuries?

Website Doctor Referral Friend (who?) _____

Other (please specify) _____

***Please note, all information provided is for internal use only. No information provided is shared with other entities or organizations.**

The following information is *required* in order to process your application for approval. Please note that all materials, including but not limited to, photos, news clippings, videos, will not be returned.

Please check each item to verify that each item is included in the application packet:

- _____ 1. Documentation (such as a VA rating or statement from a physician or therapist) affirming your diagnosis of TBI and/or PTSD.
- _____ 2. A short biography of yourself.
- _____ 3. Signed **Release Form**.
- _____ 4. Complete Application
- _____ 5. Signed **Statement of Understanding**.
- _____ 6. Copy of most current DD-214.

Applicant's name: _____

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Financial Information

Annual Gross Household Income _____

Annual Household Living Expenses _____

Supplemental Information

(You can provide answers on a separate sheet. Please make sure to clearly mark your answer to each question.)

1. Please describe your brain injury. What are your symptoms?

2. What are your recovery goals?

Applicant Name: _____

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Honesty and Integrity

At Rocky Mountain Hyperbaric Association for Brain Injuries, we feel that it is of critical importance that honesty and integrity be adhered to in all aspects of our business. We firmly believe in personal accountability for all our actions and expect honesty and integrity from all our clients.

We require that you read and sign our Statement of Understanding in order to be considered for a grant from the Rocky Mountain Hyperbaric Association for Brain Injuries.

Statement of Understanding

By signing below, I swear, to the best of my knowledge, that the information I have provided is the truth. I understand that if I am selected to receive financial assistance from the Rocky Mountain Hyperbaric Association for Brain Injuries, and it is found that I have not fully disclosed all required information or I have lied about any information, it will be my responsibility to fully refund the money which I have been wrongly awarded due to my fraudulent actions. Failure to pay back any monies owed could result in legal action.

I also understand that I must complete this application in its entirety. Failure to provide all required information and items associated with this application will result in immediate rejection of my application. I further understand that it is not the responsibility of the Rocky Mountain Hyperbaric Association for Brain Injuries to request any missing items from my application.

I understand that information of all clients is confidential and I will not divulge any personal information about other clients of the Rocky Mountain Hyperbaric Association for Brain Injuries or any personal information regarding any patients of the Rocky Mountain Hyperbaric Institute.

Printed Name of Applicant

Signature of Applicant

Date

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Release Form

Along with financial assistance programs to help pay for hyperbaric oxygen therapy treatments, the Rocky Mountain Hyperbaric Association for Brain Injuries does outreach, fundraising, and marketing (i.e. website, seminars, brochures, etc.) work to keep the association information available to the community. Documentation of participant involvement and usage of material (photo, bio, testimonial, etc.) is important in order to share results and the need for the association. Personal health information from the medical director of Rocky Mountain Hyperbaric Institute and your medical care physician(s) will benefit our work and increase our community support. Your release to obtain and share personal and health documentation is needed for this purpose.

With this knowledge, I chose the following (Please check your choice):

_____ As a participant in the Rocky Mountain Hyperbaric Association for Brain Injuries, I authorize permission for the Rocky Mountain Hyperbaric Association for Brain Injuries to collect information from the medical director of Rocky Mountain Hyperbaric Institute and/or my medical care physician(s) regarding my health status and/or improvements since receiving hyperbaric oxygen therapy treatments and usage of my photo, bio, testimonial toward actions mentioned above.

_____ As a participant in the Rocky Mountain Hyperbaric Association for Brain Injuries, I **do not** authorize permission for the Rocky Mountain Hyperbaric Association for Brain Injuries to collect information from the medical director of Rocky Mountain Hyperbaric Institute and/or my medical care physician(s) regarding my health status and/or improvements since receiving hyperbaric oxygen therapy treatments and usage of my photo, bio, testimonial toward actions mentioned above.

Applicant or Legal Guardian Signature: _____

Date: _____

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