Morebility™
Moving Forward with Greater Possibilities

P.O. Box # 680464
Miami, FL 33168

305-349-3306 (office)
www.morebility.org

APPLICATION FORM

FAMILY INFORMATION

Last Name : _____ **First Name** : _____ **M.I.** : _____

Date Of Birth : ____ / ____ / ____ **Gender** : ☐ Male ☐ Female

Relationship to Child : ☐ Birth Parent ☐ Grandparent ☐ Legal Guardian ☐ Adoptive Parent ☐ Others _____

Mailing Address : _____ **APT #** : _____

City : _____ **Sate** : _____ **Zip Code** : _____

Phone Number : _____ **E-Mail** : _____

Martial Status : ☐ Single ☐ Married ☐ Divorced ☐ Widowed **Social Security Number** : _____

Annual Family Income : ☐ $15,000-$25,000 ☐ $25,001-$35,000 ☐ $35,001-$45,000 ☐ $45,001-$60,000 ☐ $60,001-$75,000 ☐ Others _____

CHILD'S INFORMATION

Last Name : _____ **First Name** : _____ **M.I.** _____

Date Of Birth : ____ / ____ / ____ **Social Security Number** : _____

Gender : ☐ Male ☐ Female ☐ Non-Binary ☐ Transgender

Email Address : _____ **Primary Contact Phone Number** : _____

Mailing Address : _____ **APT #** : _____

City : _____ **Sate** : _____ **Zip Code** : _____

What is the diagnosis and/or medical condition of your child? **(Please select all that apply, ensuring that each chosen diagnosis/condition/disorder is supported with appropriate documentation. Your thorough response will greatly assist us in better understanding and addressing your child's health needs)**

☐ Autism Spectrum Disorder ☐ Cerebral Palsy ☐ Deaf/ Blindness ☐ Developmental Disability ☐ Down Syndrome

☐ Spina Bifida ☐ Traumatic Brain Injury ☐ Others _____

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EQUIPMENT AND SUPPLLIES REQUESTED

Please itemize the specific medical equipment and supplies needed. If available, include any associated costs and quotations. **(It's important to note that the maximum grant allocated per child or family is $3000. Providing this information will assist us in evaluating your needs and ensuring effective support)**

_____

_____

_____

_____

SUPPORTING DOCUMENTS

When submitting your application, please include and specify the specific key supporting documents that are enclosed with your application to facilitate a thorough and efficient review.

- ☐ Child's Birth Certificate
- ☐ Social Security Disability (SSI) Letter
- ☐ Child's Medical Diagnosis (by a certified medical Doctor)
- ☐ Individualized Education Program (IEP)/ 504 Plan)
- ☐ Proof of Family Income (Income Tax/ W-2, etc)
- ☐ Employer Verification Letter
- ☐ Documentation of Denial Insurance Letter
- ☐ Parent/Guardian Picture ID (Driver's License, Passport, etc)
- ☐ Others _____

ADDITIONAL COMMENTS OR SUPPORTING INFORMATION

_____

_____

_____

_____

ATTESTMENT

The undersigned individual acknowledges and attests to their responsibility for the authenticity of the information provided in this application. It is understood that any falsification or omission may lead to the rejection of the application or, if already accepted, the termination and repayment of any benefits or services granted.

Signature of Applicant : _____

Child's Full Name Printed : _____

Full Name Printed : _____

Today's Date : _____