



## 2021 Accessible Van Giveaway General Information

### Summary of 2021 Application Process:

The Muscular Dystrophy Family Foundation (MDFF) will award one wheelchair-accessible van in 2021. The van will be awarded on the basis of the following application process:

**Part 1:** Information will be collected and evaluated by MDFF. Based on MDFF's assessment of qualification and need, a certain number of applicants will be contacted and asked to provide additional information.

**Part 2:** Additional information will be collected and evaluated by MDFF. Telephone interviews may be conducted. A certain number of applicants will be selected by MDFF to advance to Part 3.

**Part 3:** MDFF personnel will visit the homes (in-person or virtually) of selected applicants for an in-depth interview.

**Part 4:** The MDFF Board of Directors will select one family for the award of a wheelchair-accessible van.

### Eligibility Criteria:

- Diagnosed with a form of Muscular Dystrophy or Neuromuscular Disease
- Lives in the state of Indiana
- Is in need of a mobility van
- Has the financial resources to pay for insurance, license plates and ongoing maintenance of the vehicle
- Will provide all information and documentation, possibly including IRS tax records, as requested

### Application Timeline:

- June 1 – Application opens
- July 31 – Initial application due
- August 15 – All applicants will be contacted by MDFF Van Committee regarding if they move through to Part 2 of the application process
- September 15 – Additional information due for all applicants that made it to Part 2
- September 30 – Applicants contacted by MDFF Van Committee regarding if they move through to Part 3 of the application process and interviews conducted and applicants
- October 25 – All in-person or virtual interviews/visits completed by MDFF Van Committee
- November 10 – MDFF Board of Directors approve recipient
- November 30 – Van recipients announced

Completed and signed applications can be emailed to [info@mdff.org](mailto:info@mdff.org) (preferred) or mailed to PO Box 776 Carmel, IN 46032 or. Initial applications must be received **no later than** July 31, 2021. If you have questions or need assistance completing the application, please call 317-615-9140.



2021

# Accessible Van Giveaway Application Part 1

**See accompanying letter for explanation of the application process. All information is required. An incomplete application could affect your eligibility.**

## Applicant Information:

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of the applicant with Muscular Dystrophy or Neuromuscular Disease:

\_\_\_\_\_ M.I. \_\_\_\_\_  
First M.I. Last

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Muscular Dystrophy/ Neuromuscular Disease Diagnosis: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
First M.I. Last

Applicant Home Address (include city, state & zip): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of the contact person, if not applicant:

\_\_\_\_\_ M.I. \_\_\_\_\_  
First M.I. Last

Relationship: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

Contact mailing address, if different than the applicant's:

Have you (or someone in your family) previously applied for a mobility van through MDFF's program? If so, what year(s) did you apply? \_\_\_\_\_

Are you currently on a Medicaid Wavier? If so, please indicate which waiver you have (Family Supports Waiver, Aged and Disabled Waiver, I Don't Know):

\_\_\_\_\_

If you are on a waiver, have you used any of the available funds for a van conversion?

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**Household Information:**

Please complete the following information for each person in your household. Please indicate all potential and expected drivers of the mobility van, if awarded, by placing an \* next to their name.

Name	Age	Relationship to Applicant

Additional information you'd like to share regarding your household or members of your household?  
Financial information will be requested if your application is selected for Part 2 of the application process.

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**Current Transportation:**

Describe your current transportation situation including how you get to doctor's office, work, school, routine travel, etc.

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Please complete the following information for each vehicle you own or use:

Year, Make & Model	Miles	Monthly Car Payment Amount	Balance of Car Loan and Est pay off date?	Primary use? Would you keep if you received the van?
1.				
2.				
3.				

**Assessment of Current Mobility:**

Please describe, with detail, your current physical mobility and what devices, if any, you use to assist you with mobility (i.e. manual wheelchair, power chair, ramps, lifts, etc.).

**If you have a power wheelchair, please provide the make, model and age.**

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Age: \_\_\_\_\_

Other Information: \_\_\_\_\_

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**Additional Information** (Attach additional page(s) if necessary):

Tell us a little bit about yourself and your family. What do you like to do for fun? What are your hobbies and interests?

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How will reliable wheelchair-accessible transportation maintain or improve your quality of life?

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If awarded, describe how you would utilize the mobility van. Please be detailed:

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Why should MDFF consider you as a recipient for a wheelchair-accessible van?

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Are there other needs your family has in which MDFF could assist? If so, please provide some detail below.

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**Signature:**

By signing below, I certify that the above information is accurate to the best of my/our knowledge. I understand the decision of MDFF's board of directors is final. If requested, I agree to a personal interview with representatives of MDFF and to provide documentation of financial status.

APPLICANT NAME (printed) \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

PARENT OR GUARDIAN NAME if under 18 (printed) \_\_\_\_\_

PARENT OR GUARDIAN SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

\*\*Financial information and tax returns will be collected for applicants that advance to Part 2.