



Wild West MS Walkabout | CNS Foundation | 1049 Robertson Street| Fort Collins, CO 80524

www.brainrecov.com

Dear

WELCOME to the Wild West MS Walkabout (WWMSW) Circle of Friends! We are excited to get to know you as we work on your application for a Grant! We continue to award Grants from the 5th and Final Walk held in August of 2010. Many hours and concern for the cause of MS have resulted in this great opportunity for us to provide assistance to you.

CNS Foundation, the non-profit 501(c)(3) organization is in place to provide administrative support. You will find reference to CNS Foundation as the legal entity during the Grant process. We are proud of the success of the WWMSW, and we continue to fund requests for services and equipment. Examples may include, but are not limited to: medical and mobility equipment, home modifications, wheelchair ramps, therapies (PT, OT, ST, MT) counseling, evaluations, neurology, neuropsychology, acupuncture, massage therapy.

You will find several forms in this packet to complete and return to us for consideration. In an effort to keep the administrative expense costs down (it is all being donated), we will ask that you participate actively in getting information to us. We will process each application as it comes in, however we are a volunteer organization with limited resources, so the processing time can take six to eight weeks. We cannot guarantee your grant will be awarded, but will use our resources wisely until they are expended. Thank you for your understanding.

Currently, we have established a maximum grant amount of \$1000 per person/per calendar year. Equipment and services ordered or received by you prior to Grant approval cannot be funded. Unfortunately, we cannot help with basic needs including utilities, rent, clothing, medications, or transportation. Details are in the attached application. Our Care Coordinator will be in touch with you.

We look forward to getting to know you! "Giving is not what we do, but who we are!"

Kerrie Cargill-Hitchcock, MSW, LCSW, ACSW
Care Coordinator for WWMSW

Past Steering Committee

Lesley Murray

Annette Zacharias

Kathy Dellenbach

Kevin Dellenbach

Christy Dittmar

Kim Dittmar

Kendra Driemeyer

Lester Murray

Steven Peterson

Maureen Stockover

Step 1 Required Information Form

Name

Home Phone Cell Phone

Address

City, State, Zip

Age Date of Birth

Colorado Resident Wyoming Resident

Ethnicity (Optional)

Employer

Present Most Recent N/A

Number of People in Household

Annual Household Income

Special Need/Request

Name of Relative or Other Contact

Relationship

Home Phone Cell Phone

Address

City, State, ZIP

Step 2 Application Agreement Form

Please Read, Sign, and Return with your CNSF Application

Applicant: _____

Item / Service Requested: _____

1. **Granting of Applicant's Request.** The Center for Neurorehabilitation Services Foundation (CNSF) agrees to evaluate the request of the person named above ("Applicant") in accordance with the terms and conditions of this Agreement. The CNSF reserves the right, in its sole discretion, to decide if a request will be granted. CNSF assists with requests for only the Applicant.
2. **Permission to Disclose Medical Condition.** The Applicant grants CNSF the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the request. Furthermore, the Applicant grants CNSF permission to obtain medical information about the Applicant which CNSF may feel necessary for evaluation of the request and authorizes all physicians and medical care providers to provide CNSF with all medical information.
3. **Waiver.** The Applicant thereby waives any and all rights he or she may have or may hereafter acquire against CNSF, its officers, directors, agents, and employees arising out of any injury, damages or losses suffered by the Applicant, family, friends, or any of them, arising out of or in any way related to CNSF preparation, execution or fulfillment of the request, regardless of whether such loss or harm is caused by the active or passive negligence of CNSF or any other person.
4. **Release.** Applicant, relatives or friends, together, and each of them individually, do hereby forever release and remise CNSF, its officers, directors, agents, and employees of and from any and all claims, lawsuits, damages, or losses arising out of or in any way related to CNSF evaluation, preparation, execution, or fulfillment of the requests, and suffered by Applicant, relatives or friends, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the active or passive evaluation negligence of CNSF or any other person.
5. **Indemnity.** Applicant, relatives or friends, together and each of them individually, hereby agree to indemnify and hold harmless CNSF, its officers, directors, agents, and employees of and from any and all losses suffered by CNSF, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to CNSF's evaluation, preparation, execution, and fulfillment of the request, or for breach by Applicant, relatives or friends of the representations and warranties contained in paragraph 5 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by CNSF, its officers, directors, agents, and employees in retaining attorneys of CNSF's choice to defend any and all such claims, lawsuits, and actions.
6. **CNSF Expenses.** The expenses CNSF has agreed to pay for are those foreseeable and directly related to the fulfillment of the request. Applicant, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond CNSF's control. CNSF shall not have any responsibility or liability for expenses incurred by Applicant, relatives or friends which have not been expressly assumed by CNSF pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond CNSF's control. For example, a particular request may contemplate CNSF paying for certain specific expenses for a specific period of time. In that event, it will be the sole responsibility of the Applicant to pay for all expenses in excess of those for which CNSF has specifically agreed to pay, whether medically related, for meals and lodging, including hospitalization, or for other goods, or services of any nature.

- 7. **Representations and Warranties.** Applicant makes the following representations and warranties to CNSF:
 - (a) Applicant has made a true and full disclosure of medical condition to CNSF.
 - (b) Applicant will notify CNSF if and when Applicant's medical condition should deteriorate at any time prior to fulfillment of the request.
 - (c) Applicant is carrying, or during the fulfillment of the request shall be carrying full medical insurance, including any additional coverage which may be required as a result of the request to be fulfilled, or that Applicant assumes the risk and personal responsibility of failing to carry adequate insurance;
 - (d) If fulfillment of the request involves travel, Applicant is able to bear the financial burden of the substantial expenses which Applicant may be forced to personally incur as a result of unforeseen circumstances or events beyond CNSF's reasonable control (more fully explained in paragraph 6), or that Applicant assumes the risk and personal responsibility for such expenses; and
 - (e) In requesting CNSF to fulfill the request Applicant is not relying upon nor have Applicant received any counsel or advice from CNSF with respect to the advisability of or the risks attendant to the request.

- 8. **Termination of request.** CNSF reserves the right, in its sole and absolute discretion to cease evaluation, preparation, or fulfillment of the request at any time after the signing of this Agreement, if CNSF should determine that (a) fulfillment of the request will endanger the health and safety of Applicant or of others; (b) the Applicant is or will be incapable of appreciating or utilizing the goods, services, or activities related to the request, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the request.

- 9. **Counterparts.** This Agreement may be executed in counterparts, any of which shall be deemed to be an original.

- 10. **Amendment.** This Agreement shall not be modified or superseded, except by a writing executed by the parties.

- 11. **Governing Law.** This Agreement shall be governed by the laws of the state of Colorado.

- 12. **Entire Agreement.** This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements, and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement, and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

- 13. **Proof of Financial Hardship.** Applicant understands CNSF reserves the right to request documentation of financial hardship.

IMPORTANT: By signing below, you affirm and acknowledge that you have read this Agreement, have received a copy and fully understand its provisions.

Applicant and Immediate Family Members Only (those who live in the same household):

_____	_____	_____	_____
APPLICANT	DATE	AGE	DOB
_____	_____		
RELATIVE/FRIEND OR SIGNIFICANT OTHER	DATE		

Step 3 Statement of Eligibility

To Be Filled Out by Physician

Applicant's Name

Diagnosis

Physician's Name

Address

City, State Zip

Phone Number

Fax Number

Physician's Signature

Date

I have discussed the special need/request.

By signing above I certify that I am the treating physician of the individual named above (CNS Foundation Applicant) and this individual has the diagnosis of Multiple Sclerosis.

I give permission for this physician to state my diagnosis.

Applicant Signature

Date

We cannot help with basic needs including utilities, rent, clothing, medications, or transportation.

Equipment and services ordered or received prior to Grant approval cannot be funded.

United States residency is required for Grant consideration.

Step 4 Information Requested and Photograph

Please complete the information requested on **this** page, describing your need for assistance and why it is important to you. A relative or close friend can assist you. Please relate any comments to your journey with Multiple Sclerosis.

1. Please note year and circumstances of your diagnosis. _____

2. Please describe your course of change. _____

3. Please explain why your request should be funded? _____

4. Please list efforts already made to receive special need or request. _____

5. How is your special need or request connected to M.S.? _____

6. Please enclose a recent photograph.

7. If your Grant is approved, are you willing to complete a short feedback survey? Yes _____ No _____

Mailing Instructions

Center for Neurorehabilitation Services Foundation Application

Your application package must include:

1. Step 1. Required Information Form
2. Step 2. Center for Neurorehabilitation Foundation Application Agreement Form
Sign and date as noted
3. Step 3. Statement of Eligibility - signed by you and your physician.
4. Step 4. Information Requested Form and Photograph

Please call (970) 493-6667 X 353 if you have any questions. Leave a message and a representative will return your call.

Please mail completed application to:
Center for Neurorehabilitation Services Foundation (CNSF)
1049 Robertson Street
Ft. Collins, CO 80524