PATIENT ASSISTANCE
POLICY GUIDELINES & APPLICATION
SEIZURE RESPONSE DOG

JoshProvides Epilepsy Assistance Foundation, Inc. is a Section 501(c)(3) public not for profit charity that offers services and financial assistance to individuals whose physician has diagnosed them with epilepsy or other seizure disorder. JoshProvides strives to relieve qualified and approved applicants from financial stress by providing financial assistance, in whole or in part, for assistance regarding Qualified Service/Items recommended by the applicant's neurologist and when such financial assistance is not available through private medical insurance, a government program (such as Medicare, Medicaid, etc.) or another foundation. The following are examples of Qualified Service/Items:

- Medical services
- Seizure alert & detection devices
- Seizure response dog
- Transportation & travel assistance

Qualifications:
In order to qualify, the applicant must:

- Currently be under the care of a licensed neurologist or epileptologist
- Certify financial need
- Submit a completed and executed application for financial assistance, along with any required documentation and a **picture of the applicant**
- Be able to clearly explain the amount and purpose of the request for financial assistance

Funds Availability
Grants are approved when JoshProvides has the funds to support the requested needs and the request is for an expense that falls into our priority funding areas listed above. JoshProvides reserves the right to suspend grant allocations based upon resources available. ***JoshProvides does not pay personal expenses such as utilities, car payments, rent, etc. If an application for financial assistance is approved, payment will be made directly to the creditor/vendor. As funds are limited, JoshProvides encourages all applicants to create a plan for additional support and assistance, and to contact additional community resources.***

How to Apply
Complete the attached application with all required signatures, (including any required additional documentation), scan and email it to info@joshprovides.org or mail to JoshProvides, 5428 Sundew Drive, Sarasota, FL 34238. For any additional questions, please contact JoshProvides at 800-706-2740 or info@joshprovides.org Please allow at least 21 days for review of your application for financial assistance. **Only fully completed and executed applications for financial assistance will be reviewed and considered. JoshProvides reserves the right to approve or deny an applicant's request for financial assistance, in whole or in part.**

APPLICATION FOR FINANCIAL ASSISTANCE

Only fully completed applications will be reviewed and considered.

APPLICANT INFORMATION					
Date of Application					
Patient Last Name		First Name			
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Email Address			
Patient Date of Birth					
If not the patient, name of person completing application					
Relationship to Applicant		Email Address		Phone	
Name, address, email address and phone number of Medical Provider, Pharmacy, Referral Organization					
How did you find JoshProvides?					

Your signatures below indicate that all of the information provided in this Application is true, correct, and complete. The undersigned signatories certify to JoshProvides each of the statements in this Application are true, correct and accurate and acknowledge that JoshProvides will be relying on their certification in evaluating whether it will approve or disapprove the undersigned's request for financial assistance from JoshProvides. The undersigned certify that the requested Qualified Service/Item is necessary in order to monitor, control, or reduce seizures.

PATIENT:

Signature: _____ ☐ Self (over 18) ☐ Parent/Guardian

Print Name: _____ Date: _____

MEDICAL/HEALTH CARE PROVIDER:

Signature: _____ Phone #: _____

Print Name: _____ Email: _____

Address: _____ NPI Provider #: _____

Date: _____

FINANCIAL ASSISTANCE REQUESTED							
Amount of funding requested	$		Purpose of requested funds				
Name of vendor providing product or service							
Contact Name			Contact Email Address				
Vendor Address		City		State		Zip	
Vendor Phone #			Name of product or service applicant is purchasing				

To what other organizations have you applied for financial assistance? _____

Are you now or will you be receiving assistance from another organization(s)? YES ☐ NO ☐

If YES, provide details and amount: _____

To be considered for a grant from JoshProvides, you will need to submit the following:

- This application, completed in its entirety and signed by all required parties;
- A picture of the applicant; and
- Appendix B for a seizure detection dog as identified and approved by neurologist

JoshProvides Epilepsy Assistance Foundation, Inc. ("JoshProvides") is a Section 501(c)(3) public charity and strives to be fiscally responsible with the donated dollars received from those who support JoshProvides and its mission. JoshProvides considers financial assistance for those applicants who have a true financial need.

The undersigned and patient certify patient does not have sufficient resources to pay for the Qualified Service/Item:

- Patient has special circumstances that require financial assistance not available from any other source.
- Patient does not have or has insufficient coverage for Qualified Service/Item through private insurance or government-funded programs, including Medicaid benefits or Medicare Part D.
- Patient has insufficient income due to being unemployed, suffering from a severe loss of income, or a lack of income.
- Patient has no other resources or means to pay for the patient's Qualified Service/Item.

Certification

The undersigned certify to JoshProvides that no portion of the funds will be used for administrative purposes.

The undersigned certify and acknowledge to JoshProvides: the undersigned are acting on behalf of and are an advocate for the patient, no portion of the financial assistance will be used for administrative purposes, the patient's request for financial assistance is a Qualified Service/Item and the financial assistance obtained will be used for a Qualified Service/Item. The undersigned further certify that:

- The Qualified Service/Item is necessary for the patient to monitor, control and/or reduce seizures;
- If applicable, patient has no means of transportation to and from home, school, work, or medical services without using public or private transportation;
- JoshProvides does not warrant or endorse any Qualified Service/Item requested by the undersigned for the benefit of patient;

- JoshProvides is not the provider, manufacturer, distributor, agent, affiliate, owner, representative or consultant for any provider of a Qualified Service/Item;
- If a Request is approved, JoshProvides only provides financial assistance, in whole or in part, for a Qualified Service/Item. The undersigned assume the sole responsibility to and did communicate directly and consult with the provider of the Qualified Service/Item and patient's attending physician, to determine that the purpose and use of the Qualified Service/Item will be a benefit to and be in the best interest of the patient;
- The undersigned's Request for Financial Assistance is for a Qualified Service/Item;
- The undersigned have applied for a Qualified Service/Item after conducting their own due diligence regarding the use and benefit of the Qualified Service/Item for the patient without any endorsement or recommendation by JoshProvides; and
- JoshProvides has no responsibility or liability to or for the patient's use or the benefit of the Qualified Service/Item. The undersigned assume all risks and consequences from the use of the Qualified Service/Item and release JoshProvides and its board of directors, officers, sponsors, agents, employees, volunteers, donors and affiliates from any responsibility and liability, of any kind or nature, whether foreseen or unforeseen, relating to patient's use of or benefit received (or not) from the Qualified Service/Item.
- Approvals for financial assistance are made on an as needed basis and distributed only for the benefit of the patient.
- Payments are made directly to the creditor/vendor.
- JoshProvides reserves the right to approve or disapprove any request for assistance in whole or in part.

The undersigned must provide a **photo of the patient** with this Request and hereby irrevocably consent to JoshProvides use of any and all photos and testimonials provided by the undersigned on its website or otherwise without any further obligation to secure the undersigned's consent. All additional documents attached to this Application are deemed incorporated herein by reference and made a part of this Application.

GENERAL RELEASE

I/We understand that our participation with JoshProvides is voluntary and that these benefits are a humanitarian endeavor to provide financial support to patients who are affected by epilepsy or other seizure disorder and who are experiencing financial difficulties.

IN CONSIDERATION OF RECEIVING FINANCIAL ASSISTANCE FROM JoshProvides FOR THE RECEIPT OF A QUALIFIED SERVICE/ITEM, the undersigned, jointly and severally, represent and acknowledge (a) they have voluntarily requested JoshProvides assistance in acquiring a Qualified Service/Item and assume all risks and consequences from the use thereof, whether foreseen or unforeseen, including all liability, claims, losses, damages and injuries associated and/or incurred from the use of or failure to use the Qualified Service/Item, correctly or incorrectly; (b) JoshProvides only provided the financing for the Qualified Service/Item and the undersigned relied solely on patient's physician and the representatives of the provider of the Qualified Service/Item regarding the benefit to patient, patient's use and maintenance of the Qualified Service/Item and accepted the same from such provider on an "AS IS WHERE IS AND WITH ALL FAULTS BASIS" WITHOUT ANY WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED, FROM JoshProvides; (c) on behalf of themselves, their personal representatives, heirs, successors and assigns, release and indemnify, defend, save, pay and hold harmless JoshProvides, its board of directors, officers, sponsors, agents, employees, volunteers, donors, founders and affiliates from any and all liability, costs, losses, damages (including actual, special, consequential and lost profits), expenses, claims, and actions, whether at law or equity, regarding any and all injuries, loss of life, or disability to persons or property (collectively the "Losses"), no matter who is responsible for the Losses or who incurs the Losses; and (d) they have had the right to consult an attorney regarding their execution of this Application and have either done so or waived their right to do so before signing this Application.

_____ _____

Signature of applicant, or if a minor, parent/guardian signature **Date**

Appendix B:
Certificate of Medical Necessity for Seizure Response Dog

The purchase and maintenance of a seizure response dog is a significant investment of time and money. JoshProvides does not endorse any seizure response dog trainer. It is very important that each applicant conducts their own research and due diligence, finds a trainer that is trusted and has a strong history of producing well-trained seizure detection dogs, understands the amount of time it will take to have a dog appropriately trained, understands the cost of total cost of ownership of a seizure response dog, and is willing to commit to fundraising for the amount of money that will be due to the trainer and breeder, if not the trainer.

This section must be completed by the applicant's physician:

Patient Name: _____

Diagnosis (Include an explanation of the particular problem resulting from the diagnosis that relates to this application for financial assistance): _____

_____

Explanation of Medical Necessity: _____

_____

Healthcare/Medical Provider's Office/Group Name: _____

Office Address: _____

Contact Person at Office: _____

Contact's Phone Number: _____

Contact's Email Address: _____

Physician's Signature: _____ **Date:** _____

Printed Name: _____ **NPI #:** _____

This section must be completed by the applicant's breeder and trainer:

Where will you be getting the dog that will be trained (a breeder, a shelter, the trainer, etc.)? Have you talked with a trainer and discussed the type of dog that can best be trained as a seizure response dog, the ideal age range for training, etc. prior to choosing a dog? _____

_____

Dog's breeder (if different than the trainer):

_____

Address: _____

Phone #: _____

Email Address: _____

Website: _____

Has the breeder breed dogs for training as seizure response/detection dogs?

_____

Name of dog and breed being purchased: _____

Itemize in detail the total cost of purchase of dog from breeder:

_____

_____

_____

Breeder's Signature: _____ **Date:** _____

Printed Name: _____

Who will be your dog's trainer: _____

Trainer's Signature: _____ **Date:** _____
Trainer's Address: _____
Trainer's Phone #: _____
Trainer's Email Address: _____
Trainer's Website Address: _____

How many years' experience does this trainer have specifically training seizure response/detection dogs?

_____

Have you checked the trainer's references, googled them for reviews and information, and talked with at least two families who have used this trainer? Comments: _____

_____

_____

_____

Are you satisfied? ☐ Yes ☐ No

Is the trainer a member of Assistance Dogs International (ADI)? ☐ Yes ☐ No

Did the trainer represent to you in writing that the trainer would abide by the ADI minimum standards of Assistance Dog Partners? ☐ Yes ☐ No

Did the trainer certify to you in your contract for training your dog that prior to the placement of your dog into service, your dog will:

- Meet the ADI standards and ethics? ☐ Yes ☐ No
- Be spayed/neutered? ☐ Yes ☐ No
- Receive all required vaccinations as required by their veterinarian and all applicable laws? ☐ Yes ☐ No
- Receive first class wellness and nurturing care and treatment by their licensed veterinarian? ☐ Yes ☐ No

Itemize, in detail, the total cost of training your dog, as quoted by your trainer (you can also attach a copy of an invoice or estimate from the trainer).

_____

_____

_____

Upon completion of your dog's training, is your trainer registering your dog with the United States Service Dog Registry (USDR) and providing you with a certificate, ID card, service dog tag, service dog vest, service dog leash, and an electronic copy of the certificate and ID card from USDR? ☐ Yes ☐ No

What is the:

Total estimated cost of your dog: $_____

How much of the total cost of the purchase of your dog will you be paying? $_____

How much of the total cost of the purchase of your dog is another organization paying? $_____

How much money are you requesting from JoshProvides? $_____

Have you contacted any other agency for a grant to help purchase and train your dog? ☐ Yes ☐ No

If Yes, what other foundation or agency did you contact? _____

How much funding have you requested from the other foundation/agency? $_____

Is the trainer a nonprofit organization or a for-profit organization? _____

IF THE SEIZURE RESPONSE/DETECTION DOG IS NO LONGER NEEDED FOR ANY REASON, YOU ACKNOWLEDGE YOU WILL TRY AND RETURN THE SEIZURE RESPONSE/DETECTION DOG TO THE TRAINER TO FIND ANOTHER FAMILY IN NEED OF A DOG.

Signature: _____ ☐ Self (over 18) ☐ Parent/Guardian

Print Name: _____

Date: _____