



Rebecca Melvin Foundation

Application for Financial Assistance with Communication Technology

Child's Name: _____ DOB: _____

Parent or Legal Guardian's Name: _____

Address: _____

City, State and Zip: _____

Phone Number: _____

Email Address: _____

Have you requested assistance from us previously? _____

Who referred you to us? _____

What do you wish to purchase with this grant? _____

What is the cost of this device? _____

Who recommended this device? _____

Was this item already denied through your insurance? If not, please indicate why:

Annual Household Income _____

Permission to use a photo of your child on our Facebook page or Website? Yes No

Please submit this application along with the following items:

*Insurance Denial Letter

*Letter written by your child's therapist or physician indicating why this device is recommended for your child. The letter must be on letterhead.

All documentation should be mailed to:

The Rebecca Melvin Foundation
57 N. Spring Lane
Phoenixville, PA 19460