CLAYTON'S LITTLE STEPS
FOUNDATION INC.

Medical Equipment & Sensory Support Intake Form

Thank you for reaching out to Clayton's Little Steps Foundation. This form helps us better understand your child's needs and determine whether we may be able to assist with medical or sensory equipment.

Please complete as much information as possible.

Information

Child's Name (optional): _____

Age: _____

Parent/Gurdian Full Name: _____

Mailing Address: _____

_____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Referring Provider Information

Provider Name: _____

Title/Discipline: _____

Organization/Clinic: _____

Phone Number: _____

Email Address: _____

Requested Equipment or Support

Type of Equipment Requested:

_____

Brand/Model (if known):

_____

Product Details (size, color, style, model, etc.)

_____

Estimated Cost: _____

Where can the item be purchased?

_____

Please attach or include a quote, screenshot, link, or recommendation if available.

Child's Needs

Diagnosis or Relevant Needs (optional):

_____

_____

How will this equipment help your child?

_____

_____

_____

What is the reason financial assistance is needed for this request? (Check all that apply):

☐ Insurance will not cover this item
☐ Insurance approval or Medicaid wait time is too long
☐ The family cannot afford the out-of-pocket cost
☐ The item is needed urgently
☐ Another funding source is not available
☐ The item is only partially covered by insurance
☐ The family is waiting on a waiver or other assistance program
☐ Other: _____

Outreach Permission

Clayton's Little Steps Foundation sometimes shares general stories and examples of the needs we support in order to raise awareness and funding. No names or identifying information will be included without additional written permission.

☐ I give Clayton's Little Steps Foundation permission to share general, non-identifying information about this request (for example: the type of equipment requested and how it may help a child) for outreach, fundraising, or social media purposes.

☐ I do not give permission for this request to be shared.

This permission is optional and will not affect the consideration of this request.

Consent

I certify that the information provided is true and accurate to the best of my knowledge. I understand that submission of this form does not guarantee funding or assistance.

Parent/Guardian Signature: _____

Date: _____