



S P I N A B I F I D A O F L O U I S I A N A

Post Office Box 1346

Kenner, Louisiana 70063

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**PLEASE PRINT**

**Application for Driver Evaluation Assistance**

Name of person aid is being requested for: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Are you currently receiving any additional financial assistance for these expenses?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please describe this assistance: \_\_\_\_\_

\_\_\_\_\_

Prior SBLa Cash awards \$ \_\_\_\_\_

All of the information contained on this form is true and correct to the best of my knowledge. I hereby give the SBLa permission to verify any of this information. I understand that although a maximum ANNUAL distribution from the SBLa is pre-determined, this amount will only be awarded according to the SBLa allocation policy.

Signed, \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This application is for driver evaluation expense.

**Rules for Application**

1. Application must be for a person with Spina Bifida. A physician statement of disability is required, including the physician's address and phone number.
2. Applicant must reside in the SBLa service area, the State of Louisiana.

3. We reimburse out of pocket expenses only. We will NOT duplicate any expense already paid for by an insurance company, state, federal or private agencies.
4. All applications must be accompanied by documentation as requested on application.
5. Applications for Auto Modification for a driver must include a prescription for equipment.
6. Checks will be made payable to the provider, unless a paid invoice is provided.
7. All expenditures must have been incurred within 12 months of the application deadline.
8. Awards are paid with a Life Time Maximum payout of \$500 per individual.

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Board Approval Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Board President \_\_\_\_\_

Amount approved \$ \_\_\_\_\_ Dated Check mailed \_\_\_\_\_