



John A. James
Compression Garment Grant Application

Patient Information

Date : _____

Name – (Last, First, Middle Initial) _____

Other name(s) under which you may have records _____

Street Address: _____

City and State: _____ Zip Code: _____

Telephone – Home: _____ Work: _____

Employer: _____ Occupation: _____

Age: _____ Birth Place – City: _____ State: _____ Zip Code: _____

Are You a U.S. Citizen? Yes No * Gender: Male Female

* Race or Ethnic Origin:

African American __ Asian: __ Hispanic: __ Native: __ Caucasian: __ Other: __

* Optional (This information is for statistical purposes only.)

Date, method of burns, and description of injuries (severity, disability, location of burns):

Where hospitalized: _____

Present location (hospital, rehab, home): _____

Requested garments (UVEX face mask, hands, legs, body, etc.): _____

Requested delivery date? _____

Where will garment be fitted? _____



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Family Information:

Marital Status: Married Divorced Single (If married, please provide the following.)

Spouces' Name: _____

Address - City: _____ State: ____ Zip Code: _____

Phone Number: _____ Occupation: _____

Children: (list names and ages) _____

Other Dependants (list names and circumstances) _____

Complete the following if you are a dependant:

	Father	Mother	Other
Name			
Address			
City, State, Zip			
Phone			
Occupation			



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Personal Financial Declarations (Applicant)

Monthly Income (Gross)

Salary/Base Income _____

Bonuses/Commission _____

Dividends/Interest _____

Other _____
(workman's comp, SS, etc.)

Total _____

Monthly Expenses

Rent/Mortgage _____

Loan Payments _____

Insurance _____

Utilities _____

Other _____

Total _____

For the compression garments, what other resources and assistance have you applied for?

Please mail completed application to:

Knapp Burn Foundation
P.O. Box 1135
Bloomington, IL 61702