



John A. James Compression Garment Grant

The Knapp Burn Foundation realizes the importance and usefulness of compression garments in the healing process and, in some cases, beyond. Therefore, we offer compression garment financial assistance to those in need. These are not restricted to first time need. Replacement garments and/or masks are also eligible.

The Knapp Burn Foundation Garment Grants form can be submitted by the patient, their family, authorized medical professional (doctor, therapist, social worker, etc.), or other associate. Grants are available for the actual garments (excluding the fitting), and will be made payable directly to the manufacturer.

After review and consideration, applicants will be notified of eligibility.

Eligibility Criteria for Applicants:

1. Applicant must be a major burn survivor.
2. Applicant must be a citizen of the USA (A passport, birth certificate, or naturalization certificate are acceptable documents of proof of citizenship.)

Please click the link below for the application.

[Compression Garment Grant application](#)

Please print and submit completed application to:

The Knapp Burn Foundation
P.O. Box 1135
Bloomington, Illinois 61702-1135

[Back Home](#)



John A. James Compression Garment Grant Application
THE APPLICANT MUST MEET ELIGIBILITY CRITERIA (PREVIOUS PAGE).

Date _____

1. Is the applicant a burn survivor? Yes ____ No ____

Information on Applicant (Burn Survivor):

2. Name (Last, First, Middle Initial)

3. Street Address: _____

4. City _____ State: _____ Zip Code: _____

5. Telephone: Home: _____ Cell: _____ Work: _____

6. Email: _____

7. Employer: _____ Occupation: _____

8. Is the burn survivor a U.S. Citizen? Yes ____ No ____ Please attach proof of U.S. citizenship. (copy of passport, birth certificate, or naturalization certificate)

9. How did you find us? (Internet, referral, etc.) _____

Burn Information:

10. Please describe your burn injuries. How and when did you get burned?

You may attach a separate sheet of paper, if needed.

11. Where were you hospitalized and for how long?

You may attach a separate sheet of paper if needed.



John A. James Compression Garment Grant Application

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

13. Where will garment be fitted (contact information including facility, phone number and contact name):

Facility: _____

Contact Name: _____

Email: _____ Phone: _____

[There are occasions when full thickness will be waved depending on location and debilitation.](#)

I believe that the facts stated in this application are true. I also understand and consent that this information may be shared with the Knapp Burn Foundation Board and necessary medical professionals.

Applicant's signature: _____

Print name: _____

Parent /guardian's signature if applicant is under 18: _____

Print name: _____



John A. James Compression Garment Grant Application

Please have the following form signed by an authorized medical professional describing the extent of your burn injuries and indicating your medical necessity for requested garments. (Sign and return with your application)

Letter of Medical Necessity (To be signed by an Authorized Medical Personnel)

I treated: _____

For burns involving the following areas: _____

They would benefit from Compression Garments and I am continuing ongoing treatment.

Authorized Medical Professional (Prescriber) Signature:

Printed Name/Title: _____

Date: _____

Please complete the following form indicating you have exhausted all insurance and other resources and return with your application)

Letter Regarding Insurance

I have exhausted all my benefits from my insurance company to obtain compression garments for treatment of my full thickness burns as prescribed by my treating physician or authorized medical personnel.

I understand that Knapp Burn Foundation will only pay for the amount over and above what insurance and other resources have paid?

Signature of Applicant:

Printed Name/Title: _____

Date: _____



Please print and submit completed application to:

The Knapp Burn Foundation
P.O. Box 1135
Bloomington, Illinois 61702-1135

(309) 663-1008

[Back Home](#)