



2550 Peachtree Street  
Jackson, MS 39216  
601-987-4872  
Fax (601)364-2349

**Please send your Application to the above address.**

Applicant's name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_

County \_\_\_\_\_

How did you hear about our program? : \_\_\_\_\_

Age: _____ Gender: M___ F___ Height _____ Weight _____
Employment status: Retired _____ Employed _____ Unemployed _____
Source of Income: SSI _____ SSDI _____ TANF Recipient _____
Race: African American _____ Asian-American _____ Other _____ Hispanic- American _____ Caucasian _____
If employed, please indicate place of employment _____
Are you a MDRS Client? Yes ___ No ___ If yes, Counselor Name _____

1. What is your disability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is this a request for a: (please circle) donation loan repair

If yes, please explain your request: \_\_\_\_\_

(Examples: Wheel chair needs batteries, need hospital bed, need tires, etc)

3. What equipment are using now? (Example: manual wheelchair, walker, hospital bed, etc) \_\_\_\_\_

4. Have you tried other resources to help you with this request? Yes or No  
If yes, please explain: \_\_\_\_\_

5. **Current Financial status:**

Applicant's HOUSEHOLD MONTHLY income \$ \_\_\_\_\_

Total value of Assets (real estate and property values) \$ \_\_\_\_\_

Number of dependents living in **household** (including applicant) \_\_\_\_\_

What is your current monthly expense (out of pocket) \$ \_\_\_\_\_

6. Please circle any health insurance that you currently have:

Medicare    Medicaid    Private Insurance: \_\_\_\_\_

7. Please explain how having this equipment/device will improve your independence?

\_\_\_\_\_

\_\_\_\_\_

8. Also, please indicate what the equipment/device will be used for such as employment, education, or etc.

\_\_\_\_\_

\_\_\_\_\_

Signing below certifies that all information provided within this application is accurate to the best of your knowledge and is subject to verification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**DATE APPLICATION RECEIVED** \_\_\_\_\_

**ALL INFORMATION RECEIVED** \_\_\_\_\_

**APPROVED DATE** \_\_\_\_\_ **DENIED DUE TO** \_\_\_\_\_

**DELIVERY DATE** \_\_\_\_\_