

**Muscular Dystrophy Family Foundation
Accessible Van Giveaway Application - 2024**

Accessible Van Giveaway



Eligibility Criteria:

- Diagnosed with a form of Muscular Dystrophy or Neuromuscular Disease (see MDA list: [https:// www.mda.org/disease/list](https://www.mda.org/disease/list))
- Lives in the state of Indiana
- Is in need of a mobility van
- Has the financial resources to pay for insurance, license plates and ongoing maintenance of the vehicle

Accessible Van Application Process & Timeline:

Part 1: Complete this application and send it and the accompanying documents to MDFF. Information will be collected and evaluated by MDFF. Based on MDFF's assessment of qualification and need, a certain number of applicants will be contacted and asked to provide additional information.

Part 2: Finalists will be contacted for an interview (either in-person or virtual) with members of the MDFF van committee. A van assessment by Superior Van & Mobility will also be conducted at this stage to determine type of van needed in case a van is awarded.

Part 3: The MDFF Board of Directors will select the families to each receive a van. The families will work with Superior Van & Mobility and MDFF for getting their customized van.

Application Timeline:

- December 1, 2023 – Application opens for the 2024 cycle
- February 15, 2024 – Application due to MDFF
- March 11, 2024 – Applicants will be contacted if they have moved to Part 2
- April 30, 2024 – Applicants will be contacted if they have moved to Part 3
- May & early June – Applicants who have moved to Part 3 will be contacted for interviews and a van assessment
- July 31, 2024 – The van winners will be contacted
- Remainder of 2024 – The van winners will work with Superior Van & Mobility and MDFF for their customized van.

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Applicant Information

Full Name of Individual with MD: _____

Full Name of the family contact, if different from above: _____

Relationship of the family contact to the individual with MD: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Primary Email Address: _____

Secondary Email Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Have you previously applied to MDFF for the Accessible Van Giveaway?

Which Medicaid Waiver are you on? _____

(If you are not currently on Waiver, MDFF has a Medicaid Waiver expert who can assist you in navigating the process.)

For the individual with MD:

Date of Birth: ____/____/____ Age: ____ Weight: ____ Height: ____

Muscular Dystrophy/Neuromuscular Disease Diagnosis: _____

Physician Name: _____

Do you have a power wheelchair? _____

Household Information

Is there a parent or guardian living outside of your household? If so, who?

List members of your household:

Name:	Age:	Relationship to Applicant:	Do they have an MD diagnosis?

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How many dependents are living at home? _____

Is there any information you would like us to know about your family? _____

Current Vehicles and Situation

Please list all the vehicles owned or leased by members of your household:

Car: Make, Model, Year	Miles	Monthly Car Payment Amount	Balance of car loan, if applicable:	Are you open to trading in this vehicle?

Describe your current transportation situation including how you get to the doctor's office, work, school, routine travel, etc.

Who will be the drivers of the van?

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The cost for insurance, maintenance, and repairs on a vehicle can be high. What, if any, budget adjustments would your household need to make to accommodate these expenses? What is your plan for paying for the needs (examples: tires, shocks repair, heat/AC, etc.)?

I understand that MDFF is not required to provide financial assistance for vehicle maintenance.

Employment

Who is your current employer? _____

How long have you been employed at your job? _____

What is your annual income? _____

What is the total household income (including any outside parent or guardian)?

Monthly Income Chart:

Description	Date Started	Monthly Amount \$	Description	Date Started	Monthly Amount \$
TOTAL SALARY/WAGES			PELL GRANT		
SOCIAL SECURITY			PENSION		
SSI			UNEMPLOYMENT		
SSDI			WORKMAN'S COMP		
TANF			CHILD SUPPORT		
A.N.D.			FOOD STAMPS		
VA			INVESTMENTS		
TOTAL MONTHLY INCOME	\$				

Monthly Expenses Chart:

Description	Monthly Amount \$	Description	Monthly Amount \$
Rent/Mortgage Payment		Medical Services	
All Utilities (Electric, Gas, Water, Garbage, etc.)		Gas/Transportation	
Phone, TV and Internet		Insurance Premiums	

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Foods & Drinks		Others	
TOTAL MONTHLY EXPENSES	\$		

How much money have you put into accessible home improvements and what has been done?

Desired Accessible Vehicle Details

Do you have a preference for a van you anticipate needing? (Make/Model)

What are others details you are seeking in a van? (such as ride ramp or rear entry, driver hand controls, upgraded wheelchair tie-down systems, number of passengers, etc.)

Why should MDFF consider you as a recipient?

Other Equipment Needs

Circle any that apply to you or write them in the blank boxes:

Wheelchair	Portable Ramp	Ramp to House	Seat Elevation	

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Additional documentation to submit with this application:

- Photo(s) of family

Signature:

By signing below, I certify that the above information is accurate to the best of my/our knowledge. I understand the decision of MDFF's leadership is final. If requested, I agree to a personal interview with representatives of MDFF.

Applicant Name (printed): _____

Applicant Signature: _____

Date: ____/____/____

Please email your completed Van Giveaway Application and accompanying documents to info@mdff.org.

Documents to be Prepared to Submit if Your Application Moves to Part 2:

- Proof of muscular dystrophy diagnosis (physician office letter or part of a medical document)
- Last year's tax return – one for all 18 and older working individuals
- Valid Driver's License (for all potential drivers of the vehicle)
- Proof of car insurance (for your current vehicle that would be transferred to the new one)

If you move to Part 2, MDFF will contact you for these additional documents.

If you do receive a van from MDFF, there are options to donate your old vehicle to us. Details can be shared at that time if applicable, and if this is your choice. It is not a requirement for the Van Giveaway Program.