

**Muscular Dystrophy Family Foundation  
Accessible Van Giveaway Application - 2023**

## 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 to MDFF at [info@mdff.org](mailto:info@mdff.org). 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 receive a van. The families will work with Superior Van & Mobility and MDFF for getting their customized van.

### **Application Timeline:**

- March 1 – Application opens
- April 30 – Application due
- June 30 – Applicants will be contacted if they have moved to the next stage
- July – Applicants who have moved to Part 3 will be contacted for interviews and a van assessment
- September 30 – The van winners will be contacted
- Last Quarter of 2023 – The van winners will work with Superior Van & Mobility and MDFF for their customized van. The goal is hand the keys over in November/December.

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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? \_\_\_\_\_

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**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.

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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.)?

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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?

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**Desired Accessible Vehicle Details**

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

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

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Why should MDFFF consider you as a recipient?

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**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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**Optional additional documentation you may 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](mailto: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.