

**Muscular Dystrophy Family Foundation  
Accessible Van Giveaway Application - 2025**

## 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, 2024 – Application opens for the 2025 cycle
- February 15, 2025 – Application due to MDFF
- March 15, 2025 – Applicants will be contacted if they have moved to Part 2
- April 30, 2025 – 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, 2025 – The van winners will be contacted
- Remainder of 2025 – The van winners will work with Superior Van & Mobility and MDFF for their customized van.

**Muscular Dystrophy Family Foundation**  
**Accessible Van Giveaway Application - 2025**

**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**

Please select from the options below for resident status of the United States of America (check all that apply to your household):

Citizen     Resident Alien     Non-Resident Alien with Visa     Other

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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Accessible Van Giveaway Application - 2025**

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:**

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Accessible Van Giveaway Application - 2025**

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	
Foods & Drinks		Others	
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>		

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 ride ramp or rear entry, driver hand controls, upgraded wheelchair tie-down systems, number of passengers, etc.)

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Why should MDFF consider you as a recipient?

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**Other Equipment Needs**

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**Accessible Van Giveaway Application - 2025**

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

Wheelchair	Portable Ramp	Ramp to House	Seat Elevation	

**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](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.

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.