

MEDICAL EQUIPMENT GRANT APPLICATION

医疗设备补助申请表

Name / 姓名

Date of Birth / 出生日期

Address / 地址

Illness / 疾病

Duration of Illness / 病程期

Prognosis / 预测

Annual Income/ 年收入

Phoenix International Foundation is a United States based non-profit corporation; we provide grant for medical and rehabilitation equipment base on the medical needs and the individual financial ability. The grant approval is at the sole discretion the foundation.

凤凰国际基金会是一家美国的非盈利性公司; 我们根据医疗需求和个人经济能力提供医疗康复设备补助。补助审批是由基金会全权处理。

By completing and signing this application you attest that all information provided are true and accurate.

通过填写和签署此申请表来证明您所提供的信息都是真实准确的。

Please attach the follow document with the application.

请附上以下文件与申请表。

1. Personal statement of how the equipment grant can help improve your life.
个人陈述关于设备补助如何帮助改善您的生活。
2. Reason you need the equipment grant.
您需要设备补助的原因。
3. Your ability (or lack of) to obtain the equipment on your own.
您的能力 (或缺乏) 去获得自己的设备。
4. A physician statement containing your medical diagnosis, disabilities, prognosis and recommendation of equipment.
医师声明包含您的医疗诊断, 残疾, 预测和设备推荐。

Signature / 签名

Date / 日期