



**APPLICATION POTENTIAL RECIPIENT INFORMATION**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Potential Recipient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Recipient's Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Physician/Telephone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

Financial Needs: \_\_\_\_\_

How did you learn about the Umbrella Club: \_\_\_\_\_

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Approved _____
Not Approved _____
Why? _____
_____

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