CONCORDIA-HEALTH
MUTUAL AID REPOSITORY

1901 Pennsylvania Avenue NW
Washington, DC 20006

MATERIAL ASSISTANCE / APPLICATION **FORM CH-IMA-001 / VERSION 1.0**

Individual Material Assistance

Application for Assistive Devices and Adaptations

01 APPLICANT INFORMATION

FULL NAME *

DATE OF BIRTH *

STREET ADDRESS *

CITY, STATE, ZIP CODE *

PHONE NUMBER *

EMAIL ADDRESS *

MEMBERSHIP NUMBER (IF APPLICABLE)

02 TYPE OF ASSISTANCE REQUESTED

Select all categories applicable to your request.

- ☐ Vehicle adaptation
- ☐ Housing adaptation
- ☐ Medical equipment
- ☐ Other (specify below)

OTHER ASSISTANCE REQUESTED (IF APPLICABLE)

Complete all fields marked * and attach the supporting records listed on page 2.
Submission is made through the Concordia-Health online Contact Form.

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Supporting Documentation

Certification, Submission and Administrative Information

03 SUPPORTING DOCUMENTS CHECKLIST

Check the documents included with your application, as applicable.

- ☐ Completed application form
- ☐ Relevant appendices supporting the request
- ☐ Medical reports documenting the relevant health condition or disability
- ☐ Quotations or cost estimates for the requested assistance
- ☐ Additional administrative or medical supporting documents

04 DECLARATION & SIGNATURE

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that false or misleading information may affect the review of my request.

APPLICANT SIGNATURE (TYPED NAME)	DATE SIGNED

05 SUBMISSION INSTRUCTIONS

Applications must currently be submitted online through the Concordia-Health Contact Form. Additional submission methods may become available in the future.

06 IMPORTANT NOTES

- Applications are subject to Concordia-Health review procedures.
- Review times depend on the request and completeness of the documentation.
- Additional information or supporting records may be requested.
- Retain a copy of your application and attachments for your records.