

Arizona Chapter
Paralyzed Veterans of America

8126 N. 23rd Ave., Ste. J Phoenix, AZ 85021

602-244-9168 or 800-621-9217



APVA is a not-for-profit organization. Our Prosthetics Program is run strictly on donations of equipment and money. We ask that if this equipment is no longer needed, please return to APVA.

As a prospective recipient of our prosthetic equipment, we require the following information. Please complete the form below and mail back to our office. You will be contacted if your request is approved, at which time we will make arrangements for pick-up or delivery of the requested item.

Name _____ **Phone** _____

Address _____
Street _____ **City** _____ **State** _____ **Zip** _____

Do you have insurance? _____ **If yes, have they been contacted?** _____

What was the outcome? _____

Where did you learn of APVA's Prosthetic Program? _____

Item requested: (Please give details of what type of equipment is requested, sizes if applicable)

Nature of disability: Briefly describe your situation and an explanation that warrants your need for prosthetic equipment. (Please supply name, address, and telephone of physician, pastor, and/or social service agency, which can confirm your need on back if needed.)

Items on Loan: Items are loaned out at 2 month intervals. They **MUST** be renewed every 2 months up to 6months. And then will be returned to the APVA Chapter in same or better working condition.

Item Loaned:

I hereby certify that the above statements are correct to my knowledge and belief.

Applicant's Signature

Authorizing Officer's Signature