



**American Parkinson
Disease Association**

Minnesota Chapter

APDA MN Driving Assessment Grant - Application

Name _____

Mailing Address _____

Phone Number _____

Email address _____

Program description and Participant Consent:

Driving Assessment funds will be distributed on a first come, first serve basis based on availability. The driving assessment assistance grant program is available to anyone in need of financial assistance and is based on the honor system.

Based on my doctor's recommendation, I have recently taken the driver's assessment due to the effects of my Parkinson's disease and/or the medications I am taking to treat my Parkinson's disease this. **I have attached the receipt from my driving assessment which took place on _____ at _____ and am requesting a \$_____ (up to 50% of fee paid, and limited to no more than \$200) grant to defray the cost of my driving assessment.**

On behalf of myself, my heirs, successors, and assigns, I hereby forever release, indemnify, and hold the APDA, its officers, directors, employees, and agents, harmless from and against any and all injuries, deaths, claims, liabilities, losses, damages, costs, and expenses arising from or in any way related to, my participation in this program. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.

Printed Name

Signature

Date

Provider/Physician:

The above-named Participant is currently under my care and has a diagnosis of Parkinson Disease.

Provider/Physician Printed Name

Provider/Physician Signature

Date

Questions? (651) 241-8297

Scholarships are available on a limited basis. Please contact us for more information.

Return completed application to:

APDA-MN Chapter

Fax # 612-863-2758

c/o Abbott Northwestern
Hospital

800 E. 28th St.

MR 12209

Mpls, MN 55407



**American Parkinson
Disease Association**

Minnesota Chapter

APDA MN Driving Assessment Grant - Application

Name _____

Mailing Address _____

Phone Number _____

Email address _____

Questions? (651) 241-8297

Scholarships are available on a limited basis. Please contact us for more information.

This application is private and intended for the use of APDA and affiliates only.