



Essential Tremor (ET)

Liftware Steady Donation Program

Guidelines and Application

The IETF is proud to be a grantee of Lift Labs (of Verily Life Sciences LLC) to bring the Liftware Steady device to people diagnosed with essential tremor (ET). The IETF does not accept applications from individuals diagnosed with Parkinson's disease or other movement disorders. The IETF does not pay for Liftware nor does it solicit donations to pay for devices; we simply coordinate with Lift Labs in distributing donated devices to individuals diagnosed with ET who demonstrate financial need.

To be considered for a Liftware donation, you must complete and submit the application below, along with a letter from your doctor, and the first page of your tax return showing gross and net income, or your disability/SS statement. Please black out any social security numbers that appear on the form. The letter from your physician must state that you have been diagnosed with essential tremor and must be written or typed on your physicians' letterhead.

There is a limit of one Liftware donation per household. Liftware devices are distributed on a first-come, first-serve basis once the application and necessary attachments are received. You will be notified by email, or when there is no email, by postal mail, when a Liftware device becomes available. Once you are notified that a spoon is available, a fee of \$15 will be requested by check or money order to assist with the postage and handling costs to ship the device. Please send the funds to: IETF, Liftware Steady Program, PO Box 14005, Lenexa, KS 66285.

If after receiving your Liftware device you find that it doesn't work for you, you can return it to the IETF. The device and all its parts must be returned in the original box. If all materials are returned in good condition in the original box, the IETF will reimburse your original \$15 postage and handling fee.

All questions must be completed to be considered.

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Birthday (MM/DD/YYYY) _____ Gender M ___ F ___

____ Enclosed is my physician's written verification of my ET diagnosis.

____ Enclosed is a copy of the first page of my tax return (or income verification) with social security numbers blacked out.

____ I am receiving Medicaid (not Medicare) or other governmental assistance.

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Please add anything here that you want the IETF to know about when being considered for a spoon donation:

I certify that all information given in this application and supporting documents, is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application may disqualify my application.

Applicant Signature Date

Guardian Name, if applicable Date



Mail completed form to:

International Essential Tremor Foundation | PO Box 14005 | Lenexa, Kansas 66285-4005 | USA
888.387.3667 (toll free) | 913.341.3880 (local) | EssentialTremor.org (website) | TremorTalk.org (blog)
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