



Essential Tremor (ET)

Spoon Donation Program

Guidelines and Application

The IETF is proud to partner with Lift Labs to bring the Liftware spoon to people diagnosed with essential tremor (ET). This is how the program works: donations are received by Lift Labs for the donation of spoons. Lift Labs gives the IETF spoons to distribute to individuals diagnosed with ET who are in need. The IETF does not accept applications from individuals diagnosed with Parkinson's disease or other movement disorders. The IETF does not pay for spoons nor does it solicit donations to pay for spoons. We simply assist Lift Labs in distributing spoons that have been donated.

To be considered for a Liftware spoon 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. Please black out any social security numbers that appear on the form. The letter from the physician must state that you have been diagnosed with essential tremor and be written or typed on the physicians' letterhead.

There is a limit of one Liftware spoon per household. Spoons 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 spoon becomes available. Once you are notified that a spoon is available, a fee of \$15 is requested by check or money order to assist with the postage and handling costs to ship the spoon. Please send the funds to: IETF, Spoon Program, PO Box 14005, Lenexa, KS 66285.

If, after receiving Liftware, you find that it doesn't work for you, you can return it. The spoon and all its parts must be properly installed in the original box to be returned. Please contact Lift Labs at info@liftlabsdesigns.com or by phone at 415.894.5438 and they will provide you with additional return information. If all materials are returned in good condition in the original box, the IETF will reimburse the 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 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



Your Voice for Essential Tremor

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)
Facebook.com/InternationalEssentialTremorFoundation | Twitter.com/essentialtremor

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