

## INSTRUCTIONS for COMPLETING THE ATL APPLICATION FOR ASSISTANCE

- A. Fill out the entire application. You must complete all information on all 3 pages to be considered for assistance.
- B. Sign the form and fill out your healthcare provider's name, address, and phone number on page 3. Present it to your attending healthcare provider for her or his signature on page 1. (This may be your M.D., D.O., nurse practitioner or other licensed alternative care provider.)
- C. Have your healthcare provider write a brief statement of your diagnosis, treatment type and duration of treatment on her or his business letterhead and include it with your application.
- D. You, your personal advocate who is helping you fill out this paperwork, or your health care provider's office may return the completed application by one of the methods shown at the bottom of this page.

### **Please return your application by one of the following methods:**

**Mail:** ATL Foundation, P.O. Box 740985, Arvada, CO 80006-0985

**Fax:** Attention: Becky Brinkman at 303-429-4171

**Email:** [brinkburd@comcast.net](mailto:brinkburd@comcast.net)

**Call Becky Brinkman at 303-450-7311 or Kellie Mitchell at 303-321-3456  
if you have any questions or need assistance filling out the application.**