

Brace Fund Application Form – 2024 Cap is \$1,000

- The Brace Fund pays for medical expenses related to spina bifida (for example, a wheelchair).
 - How to file a claim: You must be a member in good standing & must attend 2 meetings in a rolling year.
 - You must file timely (for 2024 expenses only, file by 01/27/25)
 - Send Claims to: Sue Whelan, 2416 Lampost Lane, Baltimore, MD, 21234-2615. If you are emailing your claim, please email them to suespalace@comcast.net. Please read page two of rules regarding proof of payment rules on our website sbamaryland.weebly.com**
- You must live in the area we serve (Baltimore & its surrounding counties).
- Attach **original** documents showing the item and proof of payment. Circle cost & date.
- Place receipts in chronological order & list on worksheet below. If the connection to Spina Bifida is not obvious, add an explanation (such as "prescription for bladder infection" or "doctor visit to treat pressure sore").

Your Name		Person with spina bifida	
Street address			
City & ZIP			
Phone number		Your email	

- - - - - Work sheet - - - - -

Item (include connection to spina bifida if not obvious)	Date of Service or Date of Purchase	Amount You Paid
1.		
2.		
3.		
4.		
5.		
6.		
7		
8		
9.		
Grand Total		

Amount you are requesting	\$
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Did you request money from another source? Yes ☐ No ☐

If yes, please explain: _____

Your signature & date	
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