



This is an application request for direct services from ribbonsforkellsey for people living with Epilepsy and Autism. This is not a guarantee of services; we review every application received and attempt to assist to the best of our ability.

Applicants Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ School and Grade (if applicable) \_\_\_\_\_

Parents / Legal Guardians Name (if applicable) \_\_\_\_\_

Tell Us Your Story (Including date diagnosed ... Continue on Back if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services Requested \_\_\_\_\_

**HOPE**~Helping Other People Living with Epilepsy

- \_\_\_\_\_ Seizure Safety Pillow
- \_\_\_\_\_ Medical ID Bracelet USB
- \_\_\_\_\_ SAMi
- \_\_\_\_\_ Other

**CARE**~Creating Autism Resources for Everyone

- \_\_\_\_\_ Weighted Blanket
- \_\_\_\_\_ Medical ID Bracelet USB
- \_\_\_\_\_ Marble Run
- \_\_\_\_\_ Other

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ribbonsforkellsey, inc.**

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FOR Home Office Use Only:

Date Received: \_\_\_\_\_ Date Communicated: \_\_\_\_\_ Services Rendered: \_\_\_\_\_