GRANT APPLICATION

MEDICAL VERIFICATION OF DISABILITY FORM + ELIGIBILITY CRITERIA

What is the Medical Verification of Disability Form?

All individuals applying for grant funding from the Challenged Athletes Foundation must provide documentation from a medical provider explaining how their permanent physical disability affects their activities of daily living.

Please choose one method to submit your Medical Verification of Disability based on the following guidelines:

OPTION A - letter, existing document, or medical record from your medical provider

- The letter, document, or portion of your medical record must include the letterhead, logo, or official name of the clinic, hospital, or healthcare organization from which you receive care.
- Approved healthcare providers include, but are not limited to, the following: Physician, Physician Assistant, Nurse Practitioner, Physical Therapist, Occupational Therapist, Recreation Therapist, Prosthetist.
- The submitted document must include how your permanent physical disability affects your physical abilities and activities of daily living.
- A diagnosis must be included in your Medical Verification of Disability and must be supported by an explanation of how it affects your physical abilities.
- Do not submit full medical histories or photos of injuries.
- You may submit a partial medical record that meets the criteria listed above, in which case it does not require a signature and must be acquired from an established heathcare organization or medical provider.
- If you have been classified by an international or national governing body in Paralympic sport, you may submit classification documentation. CAF will review it to confirm your physical disability meets eligibility requirements.
- Acceptable formats: .pdf, .jpg, .png

OPTION B - Provide our form to your current medical provider to fill out and sign

Please share the following documents with your physician or other medical professional listed above. The Medical Verification of Disability Form must be completed by a medical professional and returned to you to upload to your CAF profile.

Letter or document does NOT need to be new or dated this year

GRANT APPLICATION
MEDICAL VERIFICATION OF DISABILITY FORM

THIS COMPLETED FORM MUST BE UPLOADED INTO THE APPLICANT'S GRANT PROFILE TO VERIFY ELIGIBILITY FOR CAF SUPPORT.

Upon reviewing the conditions and CAF eligibility, please complete the questions below and indicate the named individual's permanent physical disability by checking one or more of the following conditions.

Patient/CAF Grant Applicant Information

[ ] Coordination Impairment (Ataxia, Dyskinesia, Hypertonia)
[ ] Impaired Muscle Power
[ ] Impaired Passive Range of Movement
[ ] Leg Length Difference
[ ] Limb Deficiency
[ ] Short Stature
[ ] Visual Impairment

Name of patient/CAF grant applicant: _____

Parent/Guardian name (if applicable): _____

Date of birth: _____ Patient's Diagnosis: _____

Describe how the patient's permanent physical disability affects their mobility, neuromuscular control, balance, coordination, and activities of daily living (be specific):

_____

_____

_____

Medical Professional Information

Full Name: _____ Email: _____

Org./Clinic: _____ Phone: _____

Profession (must be one of the following):

___Physician ___Physician Assistant ___Nurse Practitioner ___Prosthetist

___Physical Therapist ___Occupational Therapist ___Therapeutic Recreation Specialist

Medical Professional Signature + Credentials:

_____

Date Signed: _____

COORDINATION IMPAIRMENTS

Ataxia - ***A neurologic impairment characterized by a loss of voluntary muscle coordination that affects balance, gait, movement control, and functional mobility.***

CAF Eligibility Criteria: The individual must demonstrate an absence of normal walking/running gait or require the use of assistive devices. The condition must permanently impair balance, neuromuscular control, impair activities of daily living, and may require the use of assistive devices to correct one's gait for safety when walking or running 200 – 600 m (650 – 2,000 ft.).

Dyskinesia - ***A condition resulting in involuntary, erratic, and uncontrollable muscle movements that interfere with voluntary movements.***

CAF Eligibility Criteria: The individual demonstrates movement patterns that impair postural control to the degree that their balance is impaired or is worsened by their movement. The individual may require postural support during activity in the form of assistive devices or modifications in seating to perform the activity safely.

Hypertonia - ***A neurologic condition that causes abnormally high muscle tone, resulting in stiff, rigid muscles that resist stretching. This can manifest in spasticity, rigidity, or dystonia.***

CAF Eligibility Criteria: The individual demonstrates impaired movement patterns that significantly affect the ability to produce functional, coordinated movements, or a reduction in active range of motion in a joint or multiple joints.

IMPAIRED MUSCLE POWER

Permanently reduced or total inability to voluntarily contract muscles to generate force caused by an underlying health condition. Acute orthopedic injuries do not qualify for consideration.

CAF Eligibility Criteria: The individual demonstrates an absence or reduction of movement in a joint, multiple joints, or entire extremities resulting in one's inability to move independently. The individual might require assistive devices for mobility or to support independent movement and mobility

IMPAIRED PASSIVE RANGE OF MOVEMENT

A permanent limitation in passive range of motion of a joint or multiple joints caused by an underlying health condition affecting nerves, bones, joints, connective tissue, or soft tissue.

CAF Eligibility Criteria: The individual's lack of passive range of movement significantly impairs their ability to generate purposeful, functional movement of a joint/joints. This condition must result in a lack of normal function of the affected joint/joints and demonstrable reduction in muscle mass and muscle activation in the affected joint/joints.

LEG LENGTH DIFFERENCE

Bone shortening in one leg greater than or equal to 7 cm (2.75 inches) due to congenital deficiency or trauma.

CAF Eligibility Criteria: The individual must present documentation from a medical professional verifying 7 cm of difference in the length of their lower extremities. Individuals with leg length difference demonstrate impairment in normal walking gait and may require orthoses and other assistive devices for mobility.

LIMB DEFICIENCY

Total or partial absence of bones or joints resulting from trauma, illness, or congenital causes. In the hand or foot, a minimum of 3 or more digits must be absent to be considered.

CAF Eligibility Criteria: The individual's loss of a limb/limbs results in impaired functional capacity when compared to non-affected limb/limbs. Individuals may require prosthetics or other assistive devices to compensate for the absence of whole or partial limbs.

SHORT STATURE

Reduced standing height due to underlying health conditions. Men less then/equal to 145 cm (57 inches), Women less than/equal to 137 cm (54 inches).

CAF Eligibility Criteria: The individual must present documentation from a medical professional verifying their diagnosis and resulting reduction in limb length. Individuals with short stature may require modifications to sport equipment or in how they participate in athletics when compared to non-disabled individuals.

VISUAL IMPAIRMENT

Significant loss of vision that cannot be corrected due to underlying health condition(s) affecting the structure or function of the eye, optic nerve, optic chiasm, post chiasmal visual pathways, or visual cortex of the brain.

CAF Eligibility Criteria: The individual's visual impairment significantly impairs independent mobility or activities of daily living. The minimum threshold for visual impairment is a visual acuity of less than or equal to 20/200 or a visual field restricted to less than 40 degrees in diameter **in both eyes**. Individuals with visual impairment may require assistive devices/technology, support from sighted individuals, or modifications in rules and equipment to participate in sport and athletics.

Examples of non-eligible impairments include, but are not limited to the following:

- Arthritis
- Autism
- Chronic back pain
- Chronic orthopedic conditions such as cartilage loss or ligamentous issues
- Down Syndrome
- Fibromyalgia
- Hearing impairment
- Hypermobility of joints that does not require assistive devices for mobility
- Impaired cardiovascular functions
- Impaired metabolic functions
- Impaired motor reflex functions
- Impaired muscle endurance or stiffness
- Impaired respiratory functions
- Impairments in muscle metabolism resulting in fatigue
- Impairments stemming from psychological and/or psychosomatic causes
- Intellectual impairments
- Joint instability, such as unstable shoulder or knee joint, or recurrent dislocation of a joint
- Low muscle tone
- Pain or Complex Regional Pain Syndrome (CRPS)
- Postural Orthostatic Tachycardia Syndrome (POTS)
- Radiculopathy
- Seizure disorders
- Spinal stenosis
- Tics and mannerisms, motor stereotypies, and motor perseverations
- Vertigo
- Vestibular impairment