



GRANT APPLICATION MEDICAL VERIFICATION OF DISABILITY FORM

What is the Medical Verification of Disability Form?

All qualifying individuals must provide supporting documentation from a medical professional to explain how their physical disability affects their activities of daily living.

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

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

OPTION A - letter or existing document from your medical provider

- The letter or document must be printed on the letterhead of a treating physician or primary care provider, or the healthcare organization through which you receive care.
- Approved healthcare providers include the following: Physician, Physician Assistant, Nurse Practitioner, Physical Therapist, Occupational Therapist, Recreation Therapist, Prosthetist
- The letter or document should indicate how your permanent physical disability affects your physical abilities and activities of daily living.
- A diagnosis should be included in your Medical Verification of Disability and must be supported by an explanation of how it affects your physical abilities.
- We do not accept full medical histories, photos of injuries, or any other form of medical documentation.
- Acceptable formats: .pdf, .jpg, .png

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

Please download our Medical Verification of Disability Form to send to your provider. They must fill out all fields, sign and return to you to upload.

challengedathletes.org/verificationform