Diagnosis Verification Form

South Dakota Parkinson Foundation Financial Assistance Program

This form is for applicants seeking financial assistance from the South Dakota Parkinson Foundation and should be completed by the applicant's healthcare provider to verify diagnosis.

Purpose: The South Dakota Parkinson Foundation provides financial assistance in support of its mission: "Empowering the Parkinson's community through education, resources, and supportive connections."

Non-Discrimination: Financial assistance is provided without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other characteristic protected by law.

Confidentiality: Information collected will remain confidential and be used only to evaluate eligibility and facilitate payment disbursement, if approved and applicable.

Applicants must provide documentation from a healthcare professional confirming a diagnosis of Parkinson's disease, atypical Parkinson's disease, or Parkinsonism. A copy of the applicant's health record showing the diagnosis may also be submitted.

Please complete this form and return it to the applicant, email it to info@sdparkinson.org, or mail it to:

South Dakota Parkinson Foundation
5024 S. Bur Oak Place, Ste. 217
Sioux Falls, SD 57108

Healthcare Provider Verification:

I verify, to the best of my knowledge and/or based on available records, that the applicant has been diagnosed with Parkinson's disease, atypical Parkinson's disease, or Parkinsonism.

Signature: _____ **Date:** _____

Printed Name: _____ **Title/Credentials:** _____

Organization: _____ **Phone:** _____