GUIDELINES FOR CRITERIA AND ELIGIBILITY

The following are criteria which must be reviewed to determine eligibility for services:

- The unavailability of local treatment and/or facilities.
- 2. The patient's inability to meet the financial obligations for treatment.
- 3. Photographs and x-rays, if possible.

Once eligibility has been determined, conditions should be categorized into the following areas:

- 1. Congenital deformities, i.e., cleft lip and palate.
- 2. Complicated, chronic burns.
- 3. Injuries to hands and upper extremities.
- 4. Deformity of face and skin secondary to disease like cancer, etc., or due to an accident.

APPLICATION FOR ELIGIBILITY

NAMEFirst		Last	
DATE OF BIRTH		Male	Female
CONDITION:			
IS THIS CONDITION DUE TO	D: Accident_	Disea	se
	Congenital	in nature	_
PLEASE GIVE A HISTORY OF	F THE CONDITION:		
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PREVIOUS SURGERY RELATED	D TO CONDITION; GIV	ING TYPE AND DATE	OF SURGERY:
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