

Application For Assistance

Jake's Healing Place, Inc.

Application for Assistance to help you or someone you love.

Jake's Healing Place is here to provide Hyperbaric Therapy and medical equipment for disabled children, adults and vets. If you or someone you love would benefit from our services, please fill out this application and submit. We will contact you as soon as possible.

Parent's Name or Patient if over 18 years old.

Name: _____ Date: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Child Information if Under 18 years old.

Name: _____ Date: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____