



Information Packet Request Form

[Http://www.kyaskrusade.org](http://www.kyaskrusade.org)

Date Received by Kya's Krusade _____

Name of Child: _____ Age: _____ Request date: _____

Physical Disability _____

Requestor's Name: _____ Relationship to Child: _____

Address: _____ E-mail: _____

Resource Information Category (Please check all categories for which you'd like to receive information):

- Medical Financial Services Adaptive Equipment
- Information Support Transportation Recreational Activities
- Other/Special Requests _____

How would you like to receive your information packet? E-mail (electronically) Mail (U.S. Post Office)

Would you like to receive additional resource information in your selected resource category or categories as we continue to expand our network and find new resources? Yes No

Request Form Methods of Submission:

- 1) Email it to info@kyaskrusade.org
- 2) Mail : Kya's Krusade
947 E. Johnstown Rd., Ste. 143
Gahanna, OH 43230
- 3) Fax it to (614) 478-3223

Please allow 7 – 10 business days from the date of the form's receipt for us to process your request. We appreciate your patience and look forward to serving you.

If you have a local resource that you'd like to share, which may benefit other families in your area, please e-mail us at info@kyaskrusade.org.

***Disclaimer: Resources provided by Kya's Krusade are for informational purposes only and do not constitute referrals, affiliations or medical, financial or legal advice. This information is intended to present available resource options, which may be beneficial children with physical disabilities and their families. Kya's Krusade is not liable for any claims related to services, information, or products sought or received by any resource provided.**

© Kya's Krusade, 2007