



Eosinophilic Family Coalition

The purpose of the Courag™EOS™ Capes program is to provide every child and adult living with an Eosinophilic Disorder with a cape to honor their bravery in the face of medical challenges.

Medical Eligibility Form

This form is used to determine medical eligibility for the Courag™EOS™ Capes Program

INSTRUCTIONS: This form must be signed by an authorized health care provider who has direct knowledge of the applicant's medical condition and returned to the address below. Authorized health care professionals include licensed doctors of medicine and certified nurse practitioners.

Part 1 – To be completed by Applicant

Applicant's Name (patient): _____

Applicant's Date of Birth: _____

Parent/Legal Guardian's Name: _____

Email Address: _____

Mailing Address _____

Cape Size/Color: Sidekick in Black Sidekick in Pink Hero in Black Hero in Pink
Sizing Information: Sidekick Cape: 22 inches long Hero Cape: 30 inches long

Part 2 – To be completed by authorized health care professional

Please indicate your eligibility determination by checking the appropriate box.

APPLICANT IS ELIGIBLE – I am familiar with the applicant's medical history and certify that the patient has been diagnosed with an Eosinophilic Disorder. Please specify: _____

APPLICANT IS NOT ELIGIBLE – I am familiar with the applicant's medical history and certify the patient is not medically eligible for this program.

Authorized Health Care Professional's Signature

Title

Authorized Health Care Professional's Printed Name

Date

Health Care Professional's Phone Number

When completed, please return to:
Eosinophilic Family Coalition
5600 W Lovers Lane
Suite 116 #337
Dallas, Texas 75209

Please allow 10-15 business days for shipment of your Courag™EOS™ Cape. Cape delivery is based on funding availability.
Please visit www.eoscoalition.org for more details