

## For Your Information

The Grünenthal Foundation's initiative to cover specific needs provides thalidomide affected people with financial support for measures that are necessary because of the individual person's handicap.

It focuses on measures related to mobility and changes to the living environment that are associated with the person's disability and that are not financed by other institutions (for example, health insurance companies, nursing care insurance, or the Thalidomide Trust).

To receive this support, you must be recognized by the Federal "Conterganstiftung" in Germany or by a national institution that uses identical criteria (for example the Thalidomide Trust).

Please send the completed questionnaire to the address stated.  
See questionnaire on the next page

## Questionnaire for Participation in the Grünenthal Foundation's Initiative to Cover Specific Needs

Please send your completed questionnaire either by post, mail or fax to:  
Grünenthal-Stiftung zur Unterstützung von Thalidomidbetroffenen  
52099 Aachen  
Fax: +49 241 -569 3795  
[info@grunenthal-stiftung.com](mailto:info@grunenthal-stiftung.com)

**What specific need do you have and how do you want to cover it?**

**What is the cost of the necessary measures? (Please include a vendor's quotation)**

**Please describe shortly your degree and kind of disability**

I hereby declare that the acquisition cannot be financed by another cost unit

I confirm that I am recognised by the Federal German Conterganstiftung or a national institution that uses identical criteria.

I agree that the Grünenthal-Stiftung ("Grünenthal Foundation") may process my personal data as provided above, including the details about my financial and health situation, for the purpose of processing my request for financial assistance. My personal data will not be used for any other purposes. I acknowledge that I can revoke my consent at any time with future effect. In this case, I will contact the Grünenthal Foundation at [info@grunenthal-stiftung.com](mailto:info@grunenthal-stiftung.com). However, without my consent, my request cannot be processed, and I will not be able to receive any further financial aid.

Name: .....

Address: .....

Phone (for inquiries): .....

E-Mail: .....

Signature .....