

SITUS Foundation - Donated Medical ID Bracelet Program Application

Program Guidelines Summary:

- Applicants must have situs inversus or a related laterality condition.
- Applicants must demonstrate financial need to be seriously considered.
- Applicants must reside in the United States (international applications planned later).
- Children must be 3 years of age or older to participate.
- Adult recipients will select from two available bracelet designs. If neither option is suitable, applicants may choose to purchase their own bracelet and withdraw from this program.
- Applicants must respond to SITUS Foundation emails within 3 days (72 hours).
- SITUS Foundation responses may take 3–5 business days.
- SITUS Foundation is not responsible for lost or damaged mail once items are shipped.
- Selected recipients will participate in a community highlight post sharing their story.

Applicant Information

Full Name:

Age:

City, State:

Email Address:

Diagnosis (optional):

Parent/Guardian Name (if applicant is a minor):

Essay: Financial Need (150–300 words)

Explain why receiving a donated medical ID bracelet would help you or your family.

Wearing Your Bracelet (150–250 words)

How often will you wear the bracelet, where will you wear it, and why is it important?

Sharing Your Story

Briefly describe your situs inversus journey and lived experience (150–300 words).

Consent and Media Release

I consent to my story being shared on SITUS Foundation social media platforms.

I consent to my story being featured on the SITUS Foundation website.

I agree to provide photos wearing my bracelet if selected.

Signature:

Date:

Final Agreement

I confirm that the information provided is accurate.

I understand bracelets are limited and not guaranteed.

I agree to respond to SITUS Foundation communications within 3 days.

I understand SITUS Foundation responses may take 3–5 business days.

I acknowledge SITUS Foundation is not responsible for lost or damaged mail.