**Jake’s Help From Heaven Technology Grant Program**

**Jake’s Help From Heaven was founded in 2011 by Jake’s parents, Brian and Heather Straughter. Jake Alexander Straughter earned his angel wings on December 8, 2010. Jake was born on May 4, 2006 a healthy, vibrant baby boy. He suffered a seizure at 8 months old and this began his very complicated medical journey. Jake never received an official diagnosis for his illness - although at the time of his passing it was thought that he had a type of leukodystrophy, a group of disorders characterized by progressive degeneration of the white matter of the brain. Through his short life, he battled epilepsy, liver disease, osteopenia, femur fractures, hip dislocation and more. He faced each hurdle with strength and courage and taught those around him how to persevere.**

**Life with multiple illnesses, handicaps and disabilities is hard. Through this grant program, we hope to alleviate some of the financial challenges faced by those with illnesses and their families. We understand first hand the many challenges (expected and unexpected) that arise and our aim is to alleviate some of the hardships.**

**Grant Eligibility: Grants are limited to medically fragile special needs individuals living within 100 miles of Saratoga Springs, New York.**

**Grant Criteria:**

* **The Board of Directors of the Foundation feels that technology devices are best implemented when paired with an educational program.**
* **Grants will be awarded for technology devices, such as but not limited to tablet devices and software applications.**
* **The Board of Directors will also determine the minimum requirements for the technology device being requested (i.e. 16GB iPad vs. 32GB iPad)**
* **The age of the applicant will be taken into consideration when determining eligibility.**
* **Grants will be reviewed by the Board of Directors four times per year, with deadlines for each meeting posted on Facebook and on our website. Grants will be awarded following these meetings.**
* **Due to the abundance of grant requests for technology devices, the Board of Directors may only award a total of five grants per quarter.**
* **Grants will be awarded either as reimbursement for purchase (if deemed appropriate) or paid directly to vendor.**

**Grant Application Must Include:**

* **Completed application with signature of pediatrician/primary care doctor or social worker.**
* **Doctor’s prescription and/or letter of medical necessity.**
* **Justification from a Speech Pathologist/Speech Therapist and, if you choose, anyone else directly associated with the education of the prospective grant recipient (teacher, Occupational Therapist, etc).**
* **Application must be submitted with photocopy of receipt OR vendor information for purchase.**

**Once grants are awarded:**

* **Recipients will be listed on the Jake’s Help From Heaven website and possibly in other print materials unless recipient provides a written request that the information not be shared.**
* **Recipient is asked to provide an update within 45 days on how the grant has positively impacted the applicant’s life.**

**JAKE’S HELP FROM HEAVEN TECHNOLOGY APPLICATION**

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**Applicant:**

**Parent/Guardian’s Name: Age:**

**Address:**

**City: State:**

**Zip:**

**Daytime phone #: Evening phone #:**

**Email address:**

**Describe your medical condition and the hardships.**

**Describe what other assistive technology devices, if any (PECS, Go Talk, Dynavox, etc) have already been used and to what level of success.**

**Grant amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List the item(s) you are seeking funding or reimbursement.**

**Does the applicant have any past experience with the assistive technology requested? (where was it used, with whom, how often, level of success).**

**How do you expect to use this device if obtained (where will it be used, with whom, how often)?**

**Explain how you think this device will contribute to an increased quality of life for applicant and family?**

**Applicant’s name­­­­:**

**Parent(s) signature:**

**Parent(s) name printed**

**Pediatrician/primary care doctor/social worker signature:**

**Pediatrician/primary care doctor/social worker name printed:**

**Pediatrician/primary care doctor/social worker contact phone number:**

**Date:**

**Applicant’s Checklist:**

**Please make sure to include the following:**

* **Completed application with signature of pediatrician/primary care doctor or social worker**
* **Doctor’s prescription and/or letter of medical necessity**
* **Justification from a Speech Pathologist/Speech Therapist and, if you choose, anyone else directly associated with the education of the prospective grant recipient (teacher, Occupational Therapist, etc).**
* **Receipts of purchased items OR vendor information for item to be paid directly by Jake’s Help From Heaven**

*Use additional attachment sheets/documentation if necessary and ensure applicant’s name is provided.*