

Jake's Help From Heaven 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 death 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:

- Completion of following application with signature of pediatrician/primary care doctor or social worker.
- Inclusion of doctor's prescription and/or letter of medical necessity.
- Grants will be awarded up to \$2500. Grants over \$1000.00 may be asked to submit current income tax return or other information. There is also a \$2500 cap per applicant per calendar year. Applicants can apply more than once but for not more than \$2500.
- Grants will be reviewed by the Board of Directors four times per year and grants will be awarded following these meetings. Deadlines for each meeting will be posted on facebook and on our website.
- Grants can be awarded either as reimbursement for purchase (if deemed appropriate) or paid directly to vendor.
- Application must be submitted with photocopy of receipt or vendor information for purchase.

Follow up Requirements: Jake's Help From Heaven asks that you email or otherwise contact us with an update on how the grant positively impacted your life within 45 days. Jake's Help From Heaven will list Grant Awards on website and in other print materials. Please specify if you do NOT want information shared.

Section A: Personal Information

Applicant:

Age:

Parent/Guardian's Name:

Address:

City:

State:

Zip:

Daytime phone #:

Evening phone #:

Email address:

Describe your medical condition and the hardships.

Describe the item(s) you are seeking funding or reimbursement. In what ways will this contribute to an increased quality of life for applicant and family?

Describe how this item is being used or will be used (how often, medically necessary or medically convenient, etc).

Grant amount requested: \$ _____

Parent's signature: _____

Parent's name printed: _____ Date: _____

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
- Receipts of purchased items OR vendor information for item to be paid directly by Jake's Help From Heaven