

## **REPEAT JHFH APPLICANT COVID-19 EMERGENCY SUPPORT GRANT**

This is for ***previously approved*** JHFH applicants who are experiencing hardship **directly related** to the COVID-19 situation. Requests should not exceed \$500 as funding is extremely limited. Requests can be for adaptive equipment, technology, tele-therapy sessions and other such items. Please note that this does not replace our typical grant request program. If your request is not directly related to COVID-19, please consult our website for quarterly deadlines and submission information.

Applicant's name:

Applicant's age:

Parent/Guardian's name:

Address:

Email:

Phone number:

Please describe how COVID-19 has impacted your day-to-day life. Please include specific, not general, information and examples.

Please describe how JHFH can support you. *If you are requesting equipment, please submit specific equipment details and vendor information. If you are requesting reimbursement, please submit item details and proof of purchase/payment.*

**While not required for this application, letters of medical necessity, doctor scripts and signatures are recommended in support of your request.**

**Decisions will be made within 2 weeks of submission.**