

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 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.
- The Board of Directors of the Foundation feels that technology devices are best implemented when paired with a child's educational program. Therefore, the inclusion of a letter from a teacher or someone directly associated with the education of the perspective grant recipient is required explaining how the device will be used within the child's educational program.
- Grants will be awarded for technology devices, such as but not limited to tablet devices, and software applications.
- Grant recipient of technology devices are recommended for applicants four years of age or older.
- Grants will be reviewed by the Board of Directors four times per year and grants will be awarded following these meetings. The Board of Directors will also determine the minimum requirements for the technology device being requested (i.e. 16GB iPad vs. 32GB iPad). Deadlines for each meeting will be posted on Facebook and on our website.
- Due to the abundance of grant requests for technology devices, the Board of Directors can only award a total of five grants per quarter.
- 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, within educational programs, 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
- Teacher or other educational provider's letter describing implementation within the child's educational program
- Receipts of purchased items OR vendor information for item to be paid directly by Jake's Help From Heaven