

## Jake's Help From Heaven Repeat Applicant 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:**

- This application can only be used by applicants who have previously applied, have not reached their \$2500 calendar year cap and have not had a change in diagnosis.
- Signature of pediatrician/primary care doctor or social worker as well as a script or letter of medical necessity is still required.
- 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.

**Applicant:**

**Age:**

**Parent/Guardian's Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Daytime phone #:**

**Evening phone #:**

**Email address:**

**Previous application date:**

**Was it approved? Y/N**

**What have you received to date?**

**Provide any update (medical changes, improvements, declines, etc) You must still submit a letter of medical necessity and/or a script as well as vendor information.**

**What are you currently applying for? How is it medically convenient and/or medically necessary? \*If you are re-applying for travel reimbursement, please fill out the expense report page.**

**AMOUNT REQUESTED: \_\_\_\_\_**

**Applicant's Checklist:**

- 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

**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: \_\_\_\_\_**