

## 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.

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:

- Grants will be awarded for technology devices, such as but not limited to tablet devices and software applications and the Board of Directors will also determine the minimum requirements for the technology device being requested.
- 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.

## **JAKE'S HELP FROM HEAVEN TECHNOLOGY APPLICATION**

**Please circle one. This technology request is for EDUCATIONAL/COMMUNICATION or QUALITY OF LIFE.**

Applicant:

Parent/Guardian's Name:

Age:

Address:

City:

State:

Zip:

Daytime phone #:

Evening phone #:

Email address:

Describe your medical diagnosis and how it relates to a technology need.

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

How do you expect to use this device if obtained?

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

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

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

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:**

The following items are REQUIRED:

- Completed application with signature of pediatrician/primary care doctor or social worker
- Letter of medical necessity and/or justification from a doctor and/or related service provider (educator, SLP, OT, etc)
- Receipts of purchased items OR vendor information for item to be paid directly by Jake's Help From Heaven