

## **Jake's Help from Heaven Technology Application**

Jake's Help from Heaven, founded in 2011, is a non-profit dedicated to supporting individuals with complex medical needs and disabilities resulting from congenital or childhood-onset diseases. Our primary objective is to improve the livelihoods of these persons as they confront the challenges of managing lifelong, debilitating illness.

***Please read the following requirements carefully. Incomplete applications or those submitted in unacceptable formats will not be reviewed.***

### **Grant Eligibility:**

- Grants are limited to individuals living within 100 miles of Saratoga Springs, New York.
- Grants are restricted to individuals with complex medical needs and disabilities resulting from congenital or childhood-onset diseases. Applicants of all ages with lifelong, debilitating illnesses are welcome to apply.

### **Grant Criteria:**

- Grants will be awarded for technology devices, such as but not limited to tablet devices and software applications. The Board of Directors will determine the minimum requirements for the technology device being requested.
- Applicants must specify how the technology device will be used for education/communication or quality of life purposes.
- Signature of pediatrician/primary care doctor or social worker is REQUIRED.
- A doctor's prescription and/or a professional letter of medical necessity by a doctor, therapist, teacher, or care worker. The letters of medical necessity must be signed and dated, preferably on letterhead.
- Proof of payment is required for reimbursement. We do not award money for general donations or support.
- Applicants should submit their completed applications with ALL REQUIREMENTS all at once.
- Electronic applications must be submitted in PDF format. We DO NOT accept jpegs or screenshots.
- There is a \$2,500 cap per applicant per calendar year. Applicants may apply multiple times within a calendar year but are only eligible to be awarded a total of \$2,500 within that year.
- All iPads include an AppleCare protection plan. It is the applicant's responsibility to contact AppleCare directly in the event of any damage to the product. JHFH will not consider applications requesting a replacement iPad within two years of the original purchase date.
- Grants will be reviewed four times per year at the Board of Directors' quarterly meetings. Approved grants will be awarded approximately 2 weeks after each meeting. Application deadlines and meeting dates can be found on [Jakeshelpfromheaven.org](http://Jakeshelpfromheaven.org).

**Section A: Personal Information**

Applicant's Name:

Age:

Parent/Guardian's Name:

Address:

City:

State:

Zip:

Daytime phone #:

Evening phone #:

Email address:

Contact information for the individual completing the application (if different from applicant/guardian):

Name:

Relationship to Applicant:

Email:

Phone number:

Describe your medical condition and the hardships it creates.

## Section B: Application Details

Grant amount request: \$

List item(s) you are requesting funding or reimbursement for:

Describe how your medical condition relates to a need for this technology.

How do you expect to use this device if obtained?

**PLEASE CIRCLE ONE:** Is your technology request for **EDUCATION/COMMUNICATION** or **QUALITY OF LIFE?**

Explain how this device will contribute to either your education/ability to communicate OR overall quality of life.

### **Section C: Disclosure/Signature**

I declare that the information provided on this application for financial assistance is true and complete to the best of my knowledge. I understand that what I submit to Jake's Help from Heaven is for the purpose of financial reimbursement for or direct purchase of medically necessary or convenient items. I understand that I may be required to provide additional evidence of submitted information and I give permission to Jake's Help from Heaven to contact the medical facility for verification purposes. I agree to allow Jake's Help from Heaven to use my name in announcements and related publications.

Signature of Applicant or Parent/Guardian:

Printed name of Applicant or Parent/Guardian:

Date:

Signature of social worker or primary doctor:

Printed name of social worker or primary doctor:

Contact 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