Jake's Help from Heaven Repeat General 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.
- This application can only be used for general requests by individuals who have previously applied, have not reached the $2,500 calendar year cap, and have not had a change in diagnosis.
- **Repeat applicants are for GENERAL requests only. Repeat travel and technology requests must still be made through the Travel or Technology Applications.**

Grant Criteria:

- Completion of the following application with the signature of pediatrician/primary care doctor or social worker.
- 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 or vendor information for direct purchase. We do not award money for general donations or support.
- Applicants should submit their completed applications with all required documents at one time, and not in separate pieces.
- 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.
- Applicants requesting a grant of over $1,000 may be asked to submit a current income tax return or other financial information.
- In the event that you receive your requested item elsewhere, please alert us immediately so that we can withdraw your application. Failure to do so may affect your eligibility to apply in the future.
- Grants will be reviewed four times per year at the Board of Directors' quarterly meetings. Approved grants will be awarded approximately 3 weeks after each meeting. Application deadlines and meeting dates can be found on 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:

Previous Application Date(s): Was it Approved: Y/N

What have you received to date?

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

Section B: Application Details

Grant amount request: $_____

WHICH TYPE OF PAYMENT ARE YOU SEEKING? CHECK ONE.

❑ Reimbursement for an item/service that has already been purchased.

❑ Direct payment to a vendor for an item/service that has NOT already been purchased.

List the item(s) you are requesting funding or reimbursement for (Any travel or technology requests must be made through the Travel or Technology Applications):

How does your medical condition relate to a need for this item? How will this item contribute to an increased quality of life for the applicant and family?

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 or direct purchase of medically necessary or convenient items and services. I understand that I may be required to provide additional evidence of submitted information, including a current income tax return or other financial information. I give permission to Jake's Help from Heaven to contact the provided 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:

ATTENTION!

BEFORE SUBMITTING YOUR APPLICATION, PLEASE ENSURE YOU HAVE PROVIDED THE FOLLOWING REQUIREMENTS AND HAVE PLACED A CHECK NEXT TO EACH SUBMITTED ITEM. APPLICATIONS WILL OTHERWISE BE CONSIDERED INCOMPLETE AND WILL NOT BE REVIEWED.

❑ 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

***In the event that you receive your requested item elsewhere, please alert us immediately so that we can withdraw your application. Failure to do so may affect your eligibility to apply in the future. ***