Hello!

Thanks for your interest in applying for a grant for equipment through FOCUS + Fragile Kids Equipment Program! Grant applications are reviewed by a Medical Committee on a quarterly basis. To be reviewed, applications must be submitted by the deadlines below, and must include all required information and documentation. Families may apply for FOCUS + Fragile Kids Grants once per calendar year.

Please note that, if accepted, it may take several months for funding for your child's equipment to become available.

Maximum Grant Allowances: Lifetime Maximum Grant Amount - $10,000
Van Lift/Modification Maximum Grant Amount - $5,000

DEADLINES TO APPLY:

February 15

May 15

August 15

November 15

If any information is missing, the application process may be delayed and the request will not be considered until a later medical review meeting

GRANT REQUEST CHECKLIST:

☐ Complete Grant Request (no missing information)

☐ A Photo of Your Child

☐ Letter of Medical Necessity (completed & signed by therapist)

☐ Copy of Child's Birth Certificate

☐ Current Tax Return (first two pages)

☐ Vendor's Equipment Quote (minimum 2 quotes for van lifts)

Once complete, please mail all documents to:

FOCUS + Fragile Kids
3825 Presidential Parkway, Suite 103
Atlanta, GA 30340

If you have questions about any part of this process, please contact us at 770-234-9111. Thank you!

GENERAL GRANT REQUEST

CHILD'S INFORMATION:

Name (First/Middle/Last):			
Street Address:			
City:	State: Georgia	Zip:	County:
Date of Birth:	Age:	Height:	Weight:
Diagnosis:			
Diagnosis made by:		Date of Diagnosis:	
US Citizen? ☐Yes ☐No (include copy of birth certificate)			

FAMILY INFORMATION:

Relationship to Child: ☐biological parents ☐ adoptive parents ☐ grandparents ☐ other:	
Marital Status: ☐ single ☐ married ☐ divorced ☐ other:	
Parent/Guardian(s):	
Phone Number:	Email:
Parent/Guardian(s) Date of Birth:	
Names & Birthdates of Other Children in Family: Child 1:	Child 2:
Child 3:	Child 4:
Do you own or rent your home? ☐ Own ☐ Rent ☐ Other:	
Occasionally, utility companies will give grants to us for families living in their service area. What companies provide your gas and electric services?	
Who is your child's primary caregiver? (On a day-to-day basis, do NOT list primary care physician)	
Name(s) and Relationship(s) of other caregiver(s):	
Other than parents, do any other adults (18 & up) reside in your home?	
If yes, relationship to child:	

EMPLOYMENT INFORMATION:

Parent Name:		
Employer:		
Employer Address:		
City:	State:	Zip:
Employer Phone:		Date of Hire:
Position:	Supervisor's Name:	
Spouse/Domestic Partner's Name:		
Employer:		
Employer Address:		
City:	State:	Zip:
Employer Phone:		Date of Hire:
Position:	Supervisor's Name:	
Do you receive any additional sources of income (AFDS, SSI, WIC, Child Support, etc.)? ☐Yes ☐ No		
If yes, please list and include copy of check(s):		
Parent(s)/Guardian(s) Income: (include copy of last year's tax return): ☐ below $15,000 ☐ $75,001-$100,000 ☐ $15,001-$30,000 ☐ $100,001-$125,000 ☐ $30,001-$50,000 ☐ above $125,000 ☐ $50,001-$75,000		
Have you received monetary damages from a lawsuit? ☐ Yes ☐ No		
If yes, please explain:		

INSURANCE INFORMATION:

Name of Insured (Parent/Guardian):	
Insurance Company:	
Policy Number:	Medicaid Number:

MEDICAL INFORMATION:

Full name(s) of physician(s) presently involved in child's care: Primary: Secondary:

Name of hospital involved with child's care:	
Child's regular diet and means of eating:	
Is child oxygen dependent? ☐ Yes ☐ No	Is child ventilator dependent? ☐ Yes ☐ No
Physical Therapist: Phone Number: Email Address:	
Occupational Therapist: Phone Number: Email Address:	
Speech Therapist: Phone Number: Email Address:	
Do we have permission to contact your child's therapists if we have questions regarding the requested equipment? ☐ Yes ☐ No	
Name of social worker(s) (hospital, school, Medicaid, Babies Can't Wait, or other agency) involved with child's care:	
Name of school or daycare that child is currently involved in: Phone Number: Contact Name:	

WHEELCHAIR INFORMATION:

Is your child wheelchair dependent? ☐ Yes ☐ No	
Type of wheelchair used (brand & model): ☐ Motorized ☐ Manual	
If manual: ☐ Upright ☐ Tilt-In-Space Can he/she operate it without assistance? ☐ Yes ☐ No	
Date of purchase:	Vendor name:

EQUIPMENT REQUEST:

Type of equipment requested:
Reason for requesting assistance:
FOCUS + Fragile Kids wants parents to know about and use all of the resources that are available to their child. In the appropriate space, be sure to mention all of the organizations and programs you have contacted concerning not only your current needs, but also previous needs. FOCUS + Fragile Kids may be able to provide you with information about other available resources.
Have you received any assistance from Fragile Kids in the past? ☐ Yes ☐ No
If yes…. A Healthcare Grant? ☐ Yes ☐ No If yes, year: Loaned Equipment? ☐ Yes ☐ No If yes, year:
Is your child now enrolled in any of the following waiver programs? ☐ NOW/COMP (New Options Waiver and Comprehensive Supports Waiver Program) ☐ GAPP (The Georgia Pediatric Program ☐ CCSP (Community Care Services Program)

☐ SOURCE (Service Options Using Resources in a Community Environment) ☐ ICWP (Independent Care Waiver Program) ☐ Family Support Funds from (AADD, GCSS): ☐ I am on the waiting list for a waiver
What additional sources (other than this request) do you intent to pursue (other organizations, loans, etc.)?
Have you been denied by insurance and/or Medicaid for this equipment? ☐ Yes ☐ No If yes, please give us more information:
Please provide any additional information you believe would be beneficial in evaluating this request:
How did you learn about FOCUS + Fragile Kids Foundation (please be specific):

VAN INFORMATION: *This section is only required for requests for vehicle modifications and vehicle lift purchases, including wheelchair lifts, ramps and turny seats.*

Wheelchair Size		
Width:	Length:	Total Height (with child in chair):
Vehicle Information		
Make:	Model:	Year:
Mileage (must be less than 90,000 miles):		
Please list reasons for requesting this type of grant:		

Please note- we need at least 2 vendor quotes for all van lifts and modifications.

CONSENT TO RELEASE:

I do hereby authorize all hospitals, physicians, financial institutions, insurance groups, or other professional staff persons to release FOCUS + Fragile Kids Foundation, or its duly authorized representative, any information deemed necessary to complete its investigation on my application for assistance.

_____ _____

Signature of Parent/Guardian Date

FOCUS + Fragile Kids does not discriminate against or deny aid to any applicant because of race, religion, color, national origin, sex or political affiliation.

OPTIONAL:

This portion of the application contains information that will be used to assure our outreach is serving a diverse community within the state of Georgia. This information will NOT be used during the Review Process to evaluate the application.	
Ethnicity:	
☐ White/Caucasian	☐ Black of African-American
☐ Hispanic	☐ Asian or Pacific Islander
☐ American Indian/Native American	☐ Other:

LETTER OF MEDICAL NECESSITY

(to be completed by the child's therapist)

Child's Name:	
Diagnosis:	
Equipment Requested: *Please include full description of product, manufacturer, model, size, accessories. Please attach price quote.*	
Child's Functional Abilities:	
Goals to be accomplished within 12 months using this equipment:	
This is deemed medically necessary by:	
Name:	Title:
Email:	Phone:
Signature:	Date:

Please attach business card.