

## **Brain Injury Survivors Grant Program Increasing Independence**

**Purpose of the Grant:** To help brain injury survivors increase their independence. This award will be given to individuals with acquired brain injury who require funds to purchase additional pieces of equipment or services that are not provided by their medical insurance or other programs they are involved with. Decisions about the award will be based on merit of the application.

Such equipment might include (but is not limited to):

- o Mobility Equipment (e.g., walker, cane)
- o Equipment to help with daily living skills
- o Planner, electronic organizer, or other assistive technology aides
- o Vocational Rehabilitation Consultation
- o Transportation Services

**Amount:** The annual award is for \$500 dollars.

**Deadline:** Applications can be submitted at any time.

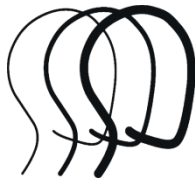
**Decision Date:** Decisions regarding the awards will be made on a quarterly basis.

**Application Materials:** Applicants must submit application (see PDF below) and one reference letter. This letter should be completed by a family member or professional who can attest to the individual's need and the impact of the brain injury on day-to-day functioning.

**Information for Person Completing the Reference:** Please submit a letter describing your relationship to the applicant and pertinent information you think may be helpful in making this decision. This may include hurdles that the individual has overcome and ongoing challenges related to the brain injury.

**Submission:** Application materials can be emailed to [info@biadc.org](mailto:info@biadc.org) or mailed to:

Brain Injury Association of D.C.  
1232 17<sup>th</sup> Street, N.W.  
Washington, D.C. 20036



Brain Injury Association of D.C., Inc.

**Application for Independence Grant**

Survivor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Name/Contact Information of Person Completing Application (if not the survivor):

\_\_\_\_\_  
\_\_\_\_\_

Date of Injury/Illness: \_\_\_\_\_

How did you acquire the injury/illness (e.g., Traumatic Brain Injury from Motor Vehicle Accident):

\_\_\_\_\_  
\_\_\_\_\_

Name/Contact Information for Reference: \_\_\_\_\_

Reason for Application \_\_\_\_\_

**On an additional sheet, please answer the following question:**

In 250 words or less, please tell us the reasons you are requesting this money and how this money would help you achieve increased independence.