



Traumatic & Acquired Brain Injury Mini-Grant Application

Applicant Name:	Date of Birth:	Age:
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Mailing Address:	City:	State:	Zip Code:
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Phone:	Email:
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Have you applied for a TABI mini-grant before?	Yes	No
Have you received a TABI mini-grant before?	Yes	No
Currently receiving Medicaid ?	Yes	No
Currently receiving Medicare ?	Yes	No
Are you Medicaid or Medicare eligible?	Yes	No
Do you have private insurance?	Yes	No
If yes, has this request been denied by insurance?	Yes	No

Amount Requested:

Describe equipment and/or services requested: *(Attach supporting documentation, e.g., two estimates from separate vendors or prescription from a licensed health care professional. Include cost of shipping and enough detail to facilitate the purchase if awarded the mini-grant.*

Describe the essential need which the equipment/services will address. Provide additional documented evidence of need, if available. List all other resources that were explored in addition to the TABI mini-grant.

Describe how the equipment/services will increase independent functioning and integration in the community. What outcome is expected if funding is received? What outcome will take place if funding is not received?

Person Completing form:

Relationship to Applicant:

Phone:

Email:

TABI Provider Agency:

TABI Provider Agency Contact:

Email:

Phone:

SDS Use:

Amount Approved: _____

Program Manager:

Signature: _____ Date: _____

Additional Supporting Documentation

STATEMENT OF INJURY AND CIRCUMSTANCES

Please provide a written explanation, including the date and circumstances, of your injury:

GUARDIAN INFORMATION

If applicable, please provide information on your court-appointed conservator or guardian.

Name:

Physical Address:

Mailing Address:

Email:

Phone:

Preferred Contact: Mail Phone Email

Guardianship Type:

Public Guardian (OPA)

Representative payee

Full (legal guardian

Conservatorship

Power of Attorney (POA)

Other

Attach a copy of court documents establishing guardianship if applicable