

Wobbly Feet Grant Application



WOBBLY FEET FOUNDATION INC.
Research & Education for Ataxia Telangiectasia

WOBBLY FEET FOUNDATION MEDICAL ASSISTANCE GRANT APPLICATION FOR CHILDREN DIAGNOSED WITH ATAXIA TELANGIECTASIA

GRANT PACKET INCLUDES:

GRANT TIMELINE, CRITERIA AND EXCLUSIONS

APPLICATION CHECKLIST

GRANT APPLICATION

PERSONAL FINANCIAL STATEMENT

CONTACT WOBBLY FEET FOUNDATION WITH ANY QUESTIONS

WOBBLY FEET FOUNDATION

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CRITERIA AND EXCLUSIONS

Application timeline:

- Grant applications will be accepted anytime throughout the year.
- All applications will be reviewed for approval and awarded independent from other applications
- Awards are based on the below criteria being met and approved by a grant committee. Grants will be awarded until funds available are exhausted.

Criteria:

- Recipient of Wobbly Feet Foundation Medical Assistance Grant(s) must be diagnosed with Ataxia Telangiectasia (A-T), or be a legal guardian of a person diagnosed with A-T. Documentation of diagnosis is required to be considered for grant approval. (Documentation accepted includes statement of diagnosis by a currently treating medical professional on personal/company letterhead or any medical documentation with the diagnosis clearly documented).
- Grants will be awarded based on the improvement to the clinical condition and quality of life of the recipient and show to be financially impactful to the recipient and/or recipient's family. Priority will be given to applicants requesting moneys for medical payment who have been previously denied by insurance, especially if appealed and again denied.
- If application is approved, Wobbly Feet Foundation will provide payment directly to the **licensed** medical/professional, individual or company, including, but not limited to, medical physician, Physical Therapist, Occupational Therapist, Speech Language Pathologist, treatment facility, medical insurance provider or contractor/trade professional. If direct payment is not accepted grant will be revoked and a new recipient awarded.
- If payment is under a contracted deadline, Wobbly Feet Foundation must receive application and all required documentation at least 30 days prior to the stated deadline. The deadline must be clearly stated on the application. In the case the deadline is less than 30 days, or is overdue, it is the responsibility of the applicant to have previously negotiated and submit the confirmation of extension by the collecting individual or company along with the application.

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- The max lifetime grant amount per recipient is \$1000. Grant recipients who are awarded less than \$1000 may apply for another grant once the current grants' funds have been completely exhausted and/or a 12 month time period lapses, whichever comes first.
- Applicants who do not receive approval may reapply an application for the same grant need the next calendar year.
- Applications who do not receive approval may apply an application for addition needs the same calendar year.
- Any consideration of exception to the above criteria must be submitted to Wobbly Feet Foundation along with the grant application.
- Applications received will be reviewed and approved by the Wobbly Feet Foundation grant committee. Individuals awarded a grant will be notified by phone. Wobbly Feet may contact you or the collecting individual or company for further information needed for approval. Please provide accurate contact information for timeliness of review.
- Only completed grant applications will be considered for approval. Make sure all requested documentation is submitted along with grant application.
- It is recommended to keep a copy of all completed documentation for your records.

Exclusions:

- Costs for participation in a clinical trial; costs for clinical trial drugs and/or treatment
- Alternative treatments including, but not limited to, hearing, vision, cognitive, neuro-feedback, biofeedback, biomedical consultations, hyperbaric oxygen treatment, herbal testing and social skills therapy
- Down payment for an accessible vehicle
- Dental treatment
- Drug treatment/therapy not licensed by the U.S.F.D.A.
- Personal care, comfort or convenience improvements including camps, vehicle improvements/modifications or service dogs
- Funeral, autopsy, burial costs
- Personal living costs including utility, electric, car, food, gas, health or car insurance
- Fertility testing and/or treatment
- Stem cell collection, storage and/or treatment

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Please submit needed paperwork outlined below with your application to be considered for the grant request. (Check applicable items and submit this cover letter with your paperwork.)

- Recipient's proof of health insurance.
- Copy of prescription for grant related request for medicine or equipment or itemized quote for service by licensed contractor/company providing requested service.
- A copy of the letter of denial, and appealed denial (when applicable), by health insurance for grant related request.
- A copy of the medical bill with balance to be paid and/or Explanation of Benefits (EOB) if deductible/co-insurance is included as part of grant request.
- Completion of the outline of personal finances included in packet reflecting the applicant's financial information. If the applicant is financially dependent on another, the information must reflect the financial information of the person/persons the applicant is financially dependent on.
- A copy of the applicants most recent personal tax return. If the applicant is financially dependent on another (legal or not), the information must reflect the financial information of the person/persons the applicant is financially dependent on

Applications are to be completed and submitted via the Wobbly Feet website, or mailed to 6014 Winchester Place, Sarasota, FL 34243 or emailed to Info@WobblyFeet.org Attention: Wobbly Feet Foundation Grant Committee.

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GRANT APPLICATION

Personal grant need (check only 1):

- A. Financial assistance for beneficial medical equipment not covered by health insurance and/or assistance with deductible/co-insurance related to equipment.
- B. Financial assistance for medical expenses not covered by health insurance and/or assistance with deductible/co-insurance related to treatment.
- C. Financial assistance for home repairs needed to improve quality of life not covered by health insurance.

Grant requested:

\$0-\$100 \$101-\$250 \$251-\$500
\$501-750 \$751-\$1000

PERSONAL INFORMATION:

Recipient:

Full name: _____

Age: _____ Gender: _____

Medical diagnosis: _____

Address: _____

Applicant information if applying for a minor:

Full name _____

Address _____

Phone _____ Email _____ Relationship _____

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What is the specific impact of the recipient's medical condition on their quality of life at this time?

Describe in detail how the requested grant will be used and how it will be beneficial to the recipient and/or the recipients' family. If a doctor is prescribing a specific treatment, therapy, drug, service or piece of equipment, please include prescribing doctor's name and reason/goal for prescription and effectiveness it was if received in the past.

What makes the recipient and/or the recipients' family a good candidate for the requested grant? What is the impact of the grant for your family?

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If the grant requested is for home improvements, describe your planned/confirmed start date and timeline for the projects' completion. If the grant amount requested does not satisfy the total bill for the project, describe how the balance will be covered. Will the planned project be completed without a grant from Wobbly Feet?

By signature, I confirm the above to be truthful, that I meet the criteria needed to complete this application and I agree to the guidelines outlined for grant consideration.

Signature of recipient _____ Date _____

Signature of applicant in lieu of recipient _____ Date _____

Printed name _____

Relationship _____

Wobbly Feet may request additional information from after the application is submitted and received.

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Assets	Amount in Dollars	
Cash - checking accounts	\$ -	
Cash - savings accounts	-	
Certificates of deposit	-	
Securities - stocks / bonds / mutual funds	-	
Notes & contracts receivable	-	
Life insurance (cash surrender value)	-	
Personal property (autos, jewelry, etc.)	-	
Retirement Funds (eg. IRAs, 401k)	-	
Real estate (market value)	-	
Other assets (specify)	-	Details _____
Other assets (specify)	-	Details _____
Total Assets	\$ -	

Liabilities	Amount in Dollars	
Current Debt (Credit cards, Accounts)	\$ -	
Notes payable (describe below)	-	
Taxes payable	-	
Real estate mortgages (describe)	-	
Other liabilities (specify)	-	Details _____
Other liabilities (specify)	-	Details _____
Total Liabilities	\$ -	

Net Worth (assets-liabilities) \$ -

Signature: _____

Date: _____