Bloomfield Foundation

P.O. Box 2 – Ivy, Virginia 22945
2016 Grant Application

Bloomfield's mission is to provide grants to children and young adults (up to age 35) with physical disabilities. Generally used for the purchase of durable medical equipment or to provide attendance to various camps offering therapeutic type programs these grants allow recipients to meet the challenges brought on by the unique demands of their daily lives while encouraging them to maximize on their independence.

Please understand that Bloomfield's funding is only available to children and young adults whose primary diagnosis is ***a physical disability.***

Due to limited funds available to Bloomfield we are unable to provide funding for vehicles.

Be sure to read the application thoroughly and complete both pages in their entirety. Be sure that all applicable documentation is included as **incomplete application requests <u>will not</u> be processed**.

1. Date of Application:	
2. Name of Child / Applicant:	
3. Age & Date of Birth:	
4. Name of Parent or:	
5. Name of Guardian (if applicable):	
6. Home Address:	_____ City: _____ State: _____ Zip Code: _____
7. Phone:	Home Phone: _____ Cell Phone: _____
8. Primary Disability: Secondary Disability:	_____ _____
For items 9-11 please enclose applicable documentation. A physician's letter of medical diagnosis and medical necessity is sufficient.	
9. Medical Diagnosis (Please provide a brief description below):	
10. If seeing a physical or occupational therapist please provide name and contact information. Name: _____ Organization: _____ Phone: _____ Address: _____	
11. Is the child in Foster care?	☐ Yes ☐ No
12. Is the child placed for adoption?	☐ Yes ☐ No
13. Does the child have an IEP?	☐ Yes ☐ No (IEP - Individual Education Plan)
14. Is the Dept of Rehabilitative Services involved? If yes, please list program and counselor:	☐ Yes ☐ No Program: _____ Counselor: _____

15. Insurance Coverage: Yes / No Circle One	Primary: _____ Secondary: _____
16. Product or Service Vendor:	Name: _____ Phone: _____
17. Funding Options Sought:	(Check all that apply) ☐ Eagles ☐ Masons ☐ Moose ☐ Kiwanis ☐ United Way ☐ 4-H ☐ Church ☐ Ruritan ☐ PVA ☐ Rotary Club ☐ Other ☐ CP/MD Other: _____

We REQUIRE that applicants first seek funding from other community based resources PRIOR to applying to Bloomfield, due to the overwhelming increase in funding requests. Please check all that apply and attach a copy of their written response and/or the name and contact information for the person with whom you spoke.

Many people have found success with family and/or various civic, faith based and/or disability related organizations for at least part of their funding. Many non-profit organizations are willing to hold fund raisers designed to assist you in raising the funds for such needed equipment.

*****Failure to seek funding and to complete #17 above, will result in funds being denied*****

18. Can and/or will family contribute toward the item being purchased?	☐ Yes ☐ No If yes, how much: $_____
19. Equipment to be Purchased:	

Please provide a detailed, itemized description of the equipment and/or service being requested. Attach photos or other helpful documentation – please be brief.

20. Grant Amount Requested:		$_____
21. Amount Covered by Insurance:		$_____
22. Vendor's Discount - If Applicable:		$_____
23. Personal / Family Contribution:	Refer to line #18	$_____
Total Grant Request:		$_____

Occasionally Bloomfield must contact persons providing services to applicants and alternative funding services. Your signature below acknowledges that fact and authorizes Bloomfield representatives to do so.

_____ Print Name: _____

Signature of person submitting application Address: _____

Email: _____ _____

Phone: _____ _____

Application Deadlines – April 1, or October 1, Date Received: _____

Bloomfield reserves the right to request that a prescription from your OT, PT, case manager or Physician be obtained in the event that we feel it necessary to seek competitive bids for the equipment being sought. Additionally, Bloomfield may require family income and asset information be provided to determine how much of your request we may and/or may not meet.

Your application, based upon the information provided and the availability of funds may be denied, deferred, partially funded, or granted in full based upon the applicant's ability to secure the balance needed to purchase the item(s) being requested. Preference is given to those items deemed to be medically necessary.

This application form (Version 9/30) was revised January, 2015 and supersedes all previous. Please duplicate as needed. Older versions will no longer be accepted after 1/30/2015. For assistance in filling out this form please contact your vendor, therapist or other service provider.

"All the believers were of one heart and mind, and no one felt that what he owned was his own" – *Acts 4:32*

The Bloomfield Foundation is a Non Profit 509(a)(3) Foundation