Bloomfield Foundation
PO. Box 2 – Ivy, Virginia 22945
2025 Grant Application

Bloomfield Foundation'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 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.
Please be sure to read the application thoroughly, **COMPLETE BOTH PAGES IN THEIR ENTIRETY**, include the vendors invoice and a letter of medical necessity. 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	
5. Name of Guardian	(if applicable)
6. Home Address	_____ City: _____ State:_____ Zip Code:_____
7. Phone	Home Phone: _____ Cell Phone:_____
8. Disability	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:	
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 place 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?	_____ Yes ____ No
If yes, please list program and counselor	Program: _____ Counselor: _____

15. Insurance Coverage: *Circle one* YES / NO	Primary:_____ Secondary: _____
16. Product or Service Vendor:	Name: _____ Phone: _____
17. Other Funding Options Sought:	(Check all that apply) __ Eagles __ Masons __Moose ___Kiwanis ___United Way ___4-H ___Church ___Ruritan ___PVA ___Rotary Club ___Other ___CP/MD Other: _____
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. Cost of equipment requested	$_____
21. Amount Covered by Insurance:	$_____
22. Vendor's Discount – if applicable	$_____
23. Personal/ Family Contribution	Refer to line #18 $_____
24. 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 contact them if needed.	
Signature of person submitting application: Email: _____ Phone:_____	Print Name: _____ Address: _____ _____
Bloomfield reserves the right to request that a prescription from your OT, PT, case manager or Physician be obtained if 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 items being requested. Preference is given to those items deemed to be medically necessary.	
This application form was revised January 2025 and supersedes all previous periods. Please duplicate as needed. 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