

Greater Boston Chapter, NSCIA

B2B Durable Medical Equipment

Grant Application

Overview

The B2B DME Grant Program assists persons who are paraplegics or quadriplegics, paralyzed due to a spinal cord injury, to obtain necessary durable medical equipment or modifications to existing equipment (such as a van). Applicant must demonstrate financial need, with documentation in order to qualify. Grants are disbursed directly to suppliers of the desired equipment or modifications. Individuals making the grant application are required to submit estimates from potential suppliers. All sections of the application must be completed; incomplete applications will not be considered.

Please Note:

1. Paralysis must be due to a spinal cord injury; paralysis due to other causes, such as MS or spina bifida, are not eligible.
2. Grants are not currently available towards the purchase of new or used vehicles; funds are available for modifications of new or used vehicles.
3. This grant is not for recreational equipment. If you are looking for recreational or athletic adaptive equipment, you may wish to try the Kelly Brush Foundation <http://kellybrushfoundation.org/> or the Challenged Athletes Foundation www.challengedathletes.org

Eligibility Requirements

- Documented spinal cord injury
- Demonstrated financial need
- Applicant must reside in Massachusetts
- There is no age requirement
- Applicant must request specific durable medical equipment to apply for a grant; requests for "anything you can give" will not be considered.
 - Examples of eligible items include: upgrade and maintenance of wheelchairs, vehicle modifications (i.e., hand controls or lifts), small home modifications including ramp and lift installation, computers, and other durable medical equipment.

Procedures

1. The Greater Boston Chapter will review each grant request and make specific recommendations to the Board of Trustees for approval. The Board meets quarterly to authorize grant awards. Applications are accepted year-round.
2. Applicant must complete all questions of the application in order to be considered for a grant, including providing contact information and estimates from at least two (2) suppliers and/or contractors for the equipment or renovations requested in the application; incomplete applications will not be considered.
3. Grants can not exceed \$2,500; there is no minimum award.
4. **NO PHONE CALLS PLEASE.** Due to the volume of grant applications, we respectfully request no phone calls or emails inquiring about the status of applications.
5. Grant awards and declinations will be notified by phone or mail upon approval.
6. Incomplete applications, including incomplete supporting documentation, will not be considered.
7. Please note that all materials submitted are non-returnable.
8. In addition to the application, the following supporting documentation must be included:
 - Two (2) photos of yourself (JPEGs). Please try to include high-resolution photos when available (to be potentially used for media and promotional purposes)
 - Two (2) reference letters - one needs to be a doctor's note verifying your qualifying disability
 - Proof of income - please black out Social Security number - Examples of acceptable documentation include:
 - Copy of your last two paychecks
 - W2 wage and tax statement form
 - SSI or SSDI statements
 - Last two tax returns

Grant application and all supporting documentation should be submitted to:

Greater Boston Chapter, National Spinal Cord Injury Assoc.
2 Rehabilitation Way
Woburn, MA 01801

B2B DME GRANT APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Number: _____ Alternate Number: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____

Male _____ Female _____

Date of injury: _____

Level of injury: _____

Cause of injury: _____

How did you hear about grant? _____



Please describe the degree of your disability and how it affects your everyday life:

Other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.):

Please give a detailed description of the equipment or modification(s) for which you are applying, including manufacturer's name, model numbers, etc. if applicable:



Please give a brief explanation of how the equipment or modification(s) for which you are applying would impact your daily life:

DME Supplier Information:

- In order to be considered for a grant, applicant must provide estimates for the cost of the equipment or renovations requested. Incomplete applications will not be considered.
- Please provide the names, addresses and phone numbers of at least two (2) companies and/or contractors you have contacted and their estimates for the equipment or modifications requested.
- Please attach the two estimates you have received:

Company & Contact Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: (_____) _____ Web Address: _____

Price Quoted: _____

Company & Contact Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: (_____) _____ Web Address: _____

Price Quoted: _____

B2B Grant Application Financial Statement for Income

You **MUST** provide financial information and proof of income in order to be considered for a grant. Financial information may only be used to help determine need for support. All information provided is confidential; however, cross out SSN or personal information. You can also attach additional information such as household budgets, assets and income if desired

Please check which proof of income you are including with this application (copies accepted).

- Last two Tax Returns
- Last two paychecks
- W-2
- Social Security Disability Insurance (SSDI)/(SSI) Statement

Last 2 years of Annual Gross HOUSEHOLD Income (income before taxes)

- Source of Income: please include ALL HOUSEHOLD INCOME (parent, step-parent, spouse, domestic partner, etc.)

Annual Gross Amount:

1. \$ _____

2. \$ _____

Monthly household living expenses (Please attach additional information, if necessary)	Amount
Rent/Mortgage	\$ _____
Utilities	\$ _____
Loans (car, personal, etc)	\$ _____
Food/general living	\$ _____
Childcare	\$ _____
Medical	\$ _____
Transportation (Gas, maintenance)	\$ _____
Other	\$ _____
Total Income	\$ _____



Is applicant currently employed?

Yes _____ No _____

Who is your employer? _____

Is applicant currently a full-time student?

Yes _____ No _____

If yes, where? _____

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive a grant, my name/image may be used by the Greater Boston Chapter, NSCIA for media and/or promotional purposes:

Signature: _____

Date: _____

Name of person filling out form (if different than applicant) _____

Signature: _____

Date: _____

