



Grant Application

The Krempels Brain Injury Foundation is dedicated to *improving the lives of people affected by brain injury*. We offer two programs:

- **Family Support:** support and financial assistance to individuals and families living in New Hampshire
- **SteppingStones:** a post-rehab day program in Portsmouth, NH

To learn more about The Foundation, please visit our web site at:

www.krempelsfoundation.org

The Family Support Program gives financial aid and support to New Hampshire residents who are adjusting to life after **severe traumatic brain injury, brain tumor, or stroke**.

We will respond to urgent financial emergencies that cannot be addressed by other resources. Severity of injury, disability and financial need will be the principal conditions for grant awards.

We ask applicants to utilize all available resources before applying to us.

Consideration is given to applicants whose brain injuries have occurred within the past 2 years. Some discretion will be exercised when new developments or a new crisis present a "recent" need.

There is a lifetime maximum of \$5,000.

If your brain injury does not fall within these guidelines, we will do our best to direct you to other resources. Please call 603-433-9821.

We review only **applications which have been fully completed and include each of the following 3 attachments:**

1. **Medical documentation** from your hospital, rehab facility or physician which clearly details your brain injury.

If you do not already have copies of your medical information, you may use the enclosed medical release form with your healthcare provider(s).

YOU ARE RESPONSIBLE
TO PROVIDE YOUR OWN MEDICAL INFORMATION.
PLEASE DO NOT SEND THAT FORM BACK TO US.

2. **A letter** from you or someone who knows you which clearly addresses the following questions:
 - How is your present need caused by or directly related to your brain injury?
 - How will your needs be met long-term after receiving this money? What is your plan?
 - How will granting this request make a long-lasting difference to you/your family?
3. **A detailed explanation** of how you would spend this money. Include brochures, price lists or estimates.

Other helpful information you may include:

- A copy of your most recent tax return.
- A letter of support from your healthcare professional or advocate.

When we have received your application, a representative from Family Support will contact you and/or your advocate to ask a few more questions. We respect your right to privacy; all information we receive will be kept confidential.

Send or fax your completed application and all supporting documentation to:

Lisa Hanson, Family Support Director
The Krempels Brain Injury Foundation
100 Campus Drive
Portsmouth, NH 03801

Please contact Lisa Hanson with any questions.

Phone: (603) 433-9821 Fax: 603) 431-3532

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