



52 Pleasant Street | Concord, NH 03301
Help line: (800) 773-8400
Tel: (603) 225-8400
Fax: (603) 228-6749
www.bianh.org

THE VOICE OF BRAIN INJURY

Dear Family Member,

Thank you for your interest in the Brain Injury Association of NH's Neuro-Resource Facilitation Family Program. This program aims to assist families who's loved one has experienced a brain injury or stroke.

The Neuro-Resource Facilitation Family Program came about from the passing of Senate Bill 182. This Bill appropriates funding to provide a statewide program to assist families and survivors with identifying and accessing resources in their community.

If your family member is struggling with attaining the appropriate services or if you have questions regarding brain injury, we ask that you fill out the enclosed application. The Neuro-Resource Facilitation Coordinator will contact you to further discuss how this program can assist you and your loved one.

If you have any questions regarding the Brain Injury Association of New Hampshire's Neuro-Resource Facilitation Family Program, please feel free to call 603-225-8400 or 800-773-8400.

Sincerely,

Brain Injury Association of New Hampshire

Enclosure - Application

NEURO-RESOURCE FACILITATION - FAMILY MEMBER INTEREST FORM

Name: _____
 Address: _____

Phone Number: _____
 E-Mail Address: _____

How did your family member receive their injury? _____

Date of injury: _____

How old were they at the time of injury? _____

Are they receiving Area Agency Services? Y N

Have they ever served in the Military or National Guard? Y N

Doctors/Facilities Attended:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>

Benefits they are receiving:

SSDI	Y	N	Medicaid	Y	N (If Yes, Medicaid # _____)
SSI	Y	N	Medicare	Y	N
APTD	Y	N	Private Ins.	Y	N

Interested in assistance with (circle all that apply):

- | | |
|----------------------|----------------------|
| Benefits | Legal |
| Housing | Employment |
| Advocacy | Respite |
| Financial Assistance | Day Services |
| Transportation | Therapy |
| Counseling | Information/Training |
| Doctors | Other: _____ |

NEURO-RESOURCE FACILITATION - FAMILY MEMBER INTEREST FORM – CONT.

How did you hear about this program (please circle one)?

- Called the office
- Training/workshop
- Flyer
- Social Worker/Case Manager
- Other: _____

I understand that a referral has been sent to the Brain Injury Association of NH for the Neuro-Resource Facilitation Family Program. I understand that signing this form does not mean that the survivor needs to participate in the program.

Family Member Signature: _____

Is there anything you would like us to know?