



COASTAL AUTHORITY CARE FOUNDATION

EMERGING THERAPY/TRANSPORTATION/LODGING GRANT REQUEST 2022

Coastal Authority Care Foundation, Inc. is a nonprofit corporation (EIN#: 81-0890793) organized and operated exclusively for charitable purposes, specifically to provide grants for cutting-edge medical therapies that are not covered or fully covered by insurance, to veterans with service-connected injuries, especially traumatic brain injury, PTS and chronic pain. We are dedicated to helping veterans and excited to provide grants for therapies to provide symptom relief and help restore quality of life which affects the whole family.

We are currently providing grants for hyperbaric oxygen therapy (HBOT) and neurotherapy in Virginia. (The veteran can live in another state but is traveling to Virginia for treatment.)

Additionally, we may also provide grants to veterans, their spouse or other accompanying family member to help pay for therapy-related travel and/or lodging expenses to the facility.

Grant Request Criteria:

- The applicant must be a veteran of the United States Armed Forces who was injured as a result of military service.
- The treatment/therapy must be for a service-connected injury.
- Transportation/Lodging grant request must be associated with treatment, if applicable.
- The therapy being requested must be from a licensed professional health care provider/practitioner.
- **Applicant:** Please submit the following along with the application:
 - a copy of your DD214.
 - written evidence of diagnosis or injury (ie, VA disability rating awards letter; medical records; doctor's report; or doctor's letter describing diagnosis/condition).

How to apply?

- Please complete the **Grant Application** and email it along with relevant documentation listed above to jillcrist@cacarefoundation.org. In the subject line, please type **Grant Application**.
- If you prefer to use the US Postal Service, you may mail your application to **Coastal Authority Care Foundation, 1340 N Great Neck Road, Ste. 1272-362, Virginia Beach, VA 23454**. Please send an email to let us know you have mailed an application so that we may be on the lookout for it.
- Call Jill Crist 757-831-1612 with any questions.

Approval Process:

Please allow 5-7 business days for us to review the application.



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Applicant Name:		DATE OF BIRTH:
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Branch of Service:	Dates:	
Did the injury occur as a result of service in the United States Military?:		
<u>Diagnosis or injury for which treatment is being requested:</u>		
<u>Current symptoms or reason treatment is being requested (ie. to failed on other treatment, enhance healing):we</u>		
<u>Date(s) of injury:</u>		
<u>Briefly describe the service-connected accident or incident(s) that caused the injury.:</u>		
<u>Type of grant request – select one:</u> <input type="checkbox"/> Treatment <input type="checkbox"/> Transportation <input type="checkbox"/> Lodging		
<u>Type of treatment:</u> <input type="checkbox"/> Hyperbaric Oxygen Therapy <input type="checkbox"/> Neurofeedback/Neurotherapy		
<u>Dates of treatment (if known):</u> _____		
<u>Name and address of treatment facility:</u>		
<u>Contact name:</u> _____	<u>Phone:</u> _____	
<u>Email:</u>		
<u>Applicant Signature:</u> _____	<u>Date:</u> _____	