



Uniquely Me Foundation

Grant Application Form

For: Therapy Access Fund & Adaptive Access Supports

Supporting children with limb differences, TAR Syndrome, and other physical disabilities



Instructions:

- Please complete all required sections.
 - All information is confidential and used only to evaluate eligibility.
 - Submit your completed application to: [email address or website upload link]
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1. Child's Information

- Full Name: _____
 - Date of Birth: _____
 - Diagnosis(es): _____
 - Limb Difference/TAR Syndrome? ☐ Yes ☐ No
 - Primary Communication Method:
☐ Verbal ☐ AAC ☐ Sign Language ☐ Gestures/Other: _____
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2. Parent/Guardian Information

- Name: _____
 - Relationship to Child: _____
 - Phone Number: _____
 - Email: _____
 - Mailing Address: _____
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3. Grant Type (Check All That Apply)

☐ **Therapy Access Fund**

➡ For financial assistance with therapy (speech, OT, education)

☐ **Adaptive Access Support**

➡ For tools, assistive devices, or equipment (e.g., writing aids, AAC mounts, adapted utensils)

4. Describe the Need

A. What are you applying for?

(Describe the therapy or equipment requested)

B. How will this support your child's communication, independence, or education?

5. Provider or Vendor Information (if known/applicable)

Name of Provider/Vendor: _____

Type of Service/Equipment: _____

Phone/Email: _____

Estimated Cost: \$ _____

Duration of Therapy (if applicable): _____

6. Financial Need

- Household size: _____
- Estimated Annual Income: \$ _____

- Are you enrolled in any of the following (check any)?
☐ Medicaid ☐ SSI ☐ SNAP ☐ CHIP ☐ Uninsured
 - Additional notes about financial hardship (optional):

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7. Supporting Documents (Please Attach)

- ☐ A letter or email from provider outlining therapy/services or recommended equipment
 - ☐ Invoice/quote if requesting adaptive tools or equipment
 - ☐ Proof of income (optional, but helps determine need)
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8. Consent & Signature

I certify that all information in this application is true and complete to the best of my knowledge. I understand that [Nonprofit Name] may use this information to determine eligibility and contact my listed provider to verify services or costs.

Parent/Guardian Signature: _____

Date: _____

For Office Use Only

- Date Received: _____
- Application Reviewed By: _____
- Approved ☐ Yes ☐ No
- Amount Awarded: \$ _____
- Notes: _____