Grant Application

Name: _____ Date: _____

Individual this request will benefit: _____ Age of Individual: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____

Individual's Diagnosis: _____
**Please attach documentation supplied from the Individual's doctor pertaining to diagnosis.

Item being requested: _____
*If requesting a fence for elopement concerns, please be advised, we offer up to 200 linear feet of chain link fencing.

Have you tried to secure funding through the Individual's insurance company? Yes ☐ No ☐

Is the Individual enrolled in Medicare or Medicaid? Yes ☐ No ☐

Is the Individual enrolled in MHDS? Yes ☐ No ☐
** If yes to any of the above, please attach denial letter to this document.

To what other organizations is the Individual aligned? _____
Have you attempted to get the requested item from any of the organizations listed? Yes ☐ No ☐
** If yes, please provide denial letter.

Does a physician believe this item could help the Individual? Yes ☐ No ☐
** If yes, please provide a note from the physician. If no, please describe on the back of this form why you think this item will help.

The above information is correct to the best of my knowledge. Shall the donation be approved, I will use the donated item for the purpose listed.

_____ _____
Signature Date

OFFICE USE ONLY

Approved ☐ _____ Item Cost: _____
Signature

Denied ☐

150 Mundy Street, Wilkes-Barre, Pa 18702
Phone: 570-814-6606 Email: Lisau@brighterjourneys.net
Facebook: BrighterJourneys Website: Brighterjourneys.net