
THE LANEY JAYMES FOUNDATION

ADAPTIVE EQUIPMENT GRANT APPLICATION

Date: _____ Child's name: _____ Child's DOB _____

Child's diagnosis _____

Name of parent(s)/legal guardian(s): _____

Parent/Guardian email address: _____

Parent/Guardian phone numbers: _____

Home address: _____

Name of person completing application: _____

Relation to child: _____ Email address: _____

Phone number: _____ Referred to LJF by: _____

Parents/Guardian occupation & place of employment: _____

Household yearly income: _____ Number of dependents: _____

Type of health insurance: _____

Has the family ever received assistance from LJF in the past? _____

Description of adaptive equipment requested _____

Please provide a brief description of the child's situation, the family's ability and willingness to participate financially in the purchase, and any other sources of financial assistance and the amount. Please feel free to attach additional pieces of paper if you need more room.



THE LANEY JAYMES FOUNDATION

ADAPTIVE EQUIPMENT GRANT APPLICATION

How will this equipment improve the quality of life for the child and/or family?

If funding is approved, we will request photographs of child with equipment -- preferably within a month of project completion. Please submit photos via e-mail to laneyjaymes@gmail.com OR mail to address above. The Laney Jaymes Foundation may use photographs of the child on its website or in marketing materials. By completing this application, you are consenting to the use of such photos by The Laney Jaymes Foundation.

Signature is required of all legal guardians: I (We) stipulate that the information included in this application is true to the best of my (our) knowledge.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

The Laney Jaymes Foundation Application Checklist

The following items must be included with your application. Please email all items to laneyjaymes@gmail.com or mail all items to:

The Laney Jaymes Foundation, in c/o L. Jaymes
1181 Bay Highlands Dr. Annapolis, MD 21403



LANEY JAYMES
FOUNDATION FOR PEDIATRIC STROKE

THE LANEY JAYMES FOUNDATION

ADAPTIVE EQUIPMENT GRANT APPLICATION

Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should clearly specify your child's needs for the equipment requested and benefits of use. Please include as much detail as possible and provide professional's e-mail address, phone number and mailing address.

Two detailed, itemized quotes from suppliers that state the equipment, all additional components necessary to make the equipment a perfect fit for your child, and total cost. (LJF can assist you in choosing a supplier; no quotes are necessary for Special Tomato products).

The Laney Jaymes Foundation is a proud supporter of Special Tomato adaptive equipment. Please visit www.specialtomato.com.

Recent photo of the child

Child's weight: _____ Child's height: _____ Child's inseam _____

