

Rochester Spinal Association

Wellness Support for Persons with Spinal Cord Injury and their Caregivers

The Rochester Spinal Association (RSA) was recently awarded a wellness grant from the Craig H. Nielsen Foundation. This grant can be used by individuals living with spinal cord injury (SCI) and their caregivers to pay for equipment or activities that enhance their health and wellness.

Eligibility:

- Applicants must either have a spinal cord injury or be a primary caregiver for someone who does.
- For purposes of eligibility for this grant, caregiver is defined as an individual providing 20+ unpaid hours of service per week.
- Applicants must reside in Monroe or the contiguous counties (Wayne, Ontario, Livingston, Wyoming, Genesee, Orleans).
- Applicants must request a specific piece of equipment or activity and a specific dollar amount. Requests for “anything you can give” will not be considered.
- Estimates or quotes from equipment or service supplier must be included.
- There is no age restriction.

PLEASE NOTE:

Grant payments are disbursed directly to the suppliers of the desired equipment or activities. No payments will be made to the grant recipient or caregiver.

Date of application: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Are you a person with spinal cord injury? Yes / No

If yes:

Date of Injury: _____

Level of Injury: _____

Cause of injury: _____

Are you a caregiver for a person with spinal cord injury? Yes / No

If yes, describe your relationship and amount of support provided to the person with spinal cord injury:

Please indicate the person's:

Name: _____

Date of injury: _____

Level of injury: _____

Cause of injury: _____

How did you hear about this Wellness grant?

OPTIONAL

Please indicate the applicant's demographic information:

Date of Birth (MM/DD/YYYY): _____

Gender: _____

Race: _____

Ethnicity: _____

Media Release: For purposes of educating the public about this grant, grant activities, and other issues affecting people with spinal cord injury, are you willing to allow us to share your story and/or images with the media and community? Yes / No

REQUIRED

Indicate the equipment or activity you wish to purchase through the Wellness grant: _____

Describe how the equipment/activity would improve your health/wellness:

Total cost of the activity/equipment: __\$_____

Amount requested from this grant: __\$_____

**** Maximum allowable request from this grant is \$1000.00**

Have you requested additional funds for this equipment/activity? Yes / No

If yes, please indicate:

Funding source:	Amount requested:	Amount received:
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBMISSION

Completed applications can be emailed to Chris Hilderbrant at chris@chrishilderbrant.com or mailed to:

Chris Hilderbrant Consulting
3380 Monroe Ave, Suite 102
Rochester, NY 14618

*Funds will be dispersed on a first come basis, until funds are depleted.
There is no guarantee of funding.

** Incomplete applications will be returned for the opportunity to revise and resubmit. Applicants that are funded or denied will be informed. Please allow approximately one month for decision and notification.

***There will be no continuation funds beyond the end of this grant.

****You may be asked to provide documentation of spinal cord injury or other materials necessary for this grant

Signature

Date