



Community Of Care Grant

Our Community of Care grant is intended to provide financial assistance to families in our pediatric epilepsy surgery community, including adults who had epilepsy surgery in childhood, who are in need during the COVID-19 pandemic.

The funds can be used to assist with continuity of education, medical care, and basic needs.

Thanks to a very generous grant from [Global Genes](#), this grant allows for a financial award of up to \$500 for qualifying expenses as follows:

- Access to distance learning support, such as tutoring, online education programs, educational applications, tablet (iPad), computer, printer, internet access/WiFi;
- Telemedicine resources (including internet access/WiFi, smart phone, tablet, translator fees);
- Career counseling resources (such as in person or remote career counselor, internet access/WiFi, smart phone, tablet);
- Basic living expenses;
- Transportation costs to medical appointments (such as airfare and related travel costs for epilepsy or orthopedic surgery)

* 1. Your contact Information

Name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Mobile Phone Number

* 2. Which of the following are you?

- A. I am the parent or legal guardian of a minor child who is currently being evaluated to see if he/she can have epilepsy surgery;
- B. I am the parent or legal guardian of a minor child who has had epilepsy surgery
- C. I am an adult who had epilepsy surgery when I was age 17 or younger.

3. Please provide proof of **your** or **your child's** epilepsy surgery. If your child is currently in the hospital or in inpatient rehabilitation, you may ask a social worker, nurse, surgeon, neurologist, or other appropriate health care worker to email us at info@brainrecoveryproject.org with your child's name and a confirmation of surgery date. You may also attach a photo or pdf of an email or document confirming the surgery date. If you do not have any documentation to prove you or your child has had epilepsy surgery, please contact us at info@brainrecoveryproject.org and we will schedule an interview with you.

Choose File

Choose File

No file chosen

* 4. Please describe the financial hardship you are experiencing as a result of the COVID-19 pandemic.

5. For what purpose will you use the funds?

* 6. If awarded the grant, how would you prefer to receive your funds?

- Cash transfer to my bank account. I understand I will be contacted by The Brain Recovery Project's Controller to set up the transfer.
- Check mailed to the address above

7. Amount requested (up to \$500). Please note you will be asked to provide a receipt as evidence of expenses incurred.

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Demographics

The following demographics questions are for informational purposes only and are part of our grant reporting requirements to Global Genes. Your responses will remain anonymous when reported.

8. Total number of people living in your household

9. Total number of people in your household living with a rare disease

10. Approximate gross annual household income

11. Language commonly spoken in your household

12. Age of the person with epilepsy/living with epilepsy/with a history of epilepsy

13. Gender of the person with epilepsy/living with epilepsy/with a history of epilepsy

14. Race of the person with epilepsy/living with epilepsy/with a history of epilepsy

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race

15. Ethnicity of the person with epilepsy/living with epilepsy/with a history of epilepsy

- Hispanic or Latino
- Not Hispanic or Latino

MAIL THIS COMPLETED APPLICATION TO:

**THE BRAIN RECOVERY PROJECT
969 COLORADO BLVD. SUITE 101
LOS ANGELES, CA 90041**

**MUST BE POSTMARKED NO LATER THAN
AUGUST 15, 2020**