



Grant Application

Name: _____ Date: _____

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

Relationship to the Individual: _____

Street Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Individual's Diagnosis: _____

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

Item being requested: _____

***Please note:**

- ❖ If requesting a fence for elopement concerns, please be advised, we offer up to 200 linear feet of chain link fencing.
- ❖ Unfortunately, we cannot do home modifications.

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

**** If yes, please provide denial letter.**

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

Is the Individual enrolled in MHDS? Yes ☐ No ☐

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 or therapist 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.**

By signing this form, I acknowledge the above information is correct to the best of my knowledge.

Should the donation be approved, I will use the donated item for the purpose listed.

Signature

Date

OFFICE USE ONLY

Approved ☐ _____ Item Cost: _____

Denied ☐ _____
Signature

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