



The LENN Foundation Grant Application

Thank you for taking the time to refer a child for a grant opportunity to receive pediatric therapies. The first step to determine eligibility for a grant is to complete this application in its entirety by sending it to us via email team@theleennfoundation.org or by mailing the original copy to The LENN Foundation P.O. Box 523 New Albany, Ohio 43054. Upon receipt of the completed application, a member of The LENN Foundation team will be in contact with you. **Please be advised a completed application does not guarantee a grant will be provided.**

To determine eligibility, the child must meet the following requirements at the time the grant application is received. PLEASE CHECK ALL THAT APPLY;

- The child must be under 18 years of age and a U.S. resident.
- The child must be diagnosed with Cerebral Palsy by a licensed medical professional and under the care of a pediatrician.
- The request must be clinically relevant to the health of the child with a specific health care need and not be covered by any other funding source.
- One request per year, per child for a maximum of three times in a child's lifetime or Funding Request is for one time or short term assistance.
- (Optional). Allowing The LENN Foundation to have the option of obtaining photos or video footage of your story. This does not determine eligibility, but it does help your chances of contributors visually connecting with your story on how they can best assist you with your child's funding request.

What is your relationship to the child?

- Parent/Legal Guardian
- Relative/Family Member
- Other: _____

How did you hear about The LENN Foundation?

- Mighty Miss Maya (The Bee Mighty - Intensive Therapy Scholarship)
- Intensive Therapy for Kids Blog
- Instagram
- Facebook
- Friend
- Other: _____

Your contact information.

Name: _____ Address: (Street, City, State, Zip) _____
Primary phone number: (_____) _____ Email: _____

Child information.

Name _____ Gender: (Male or Female) _____
Age: _____ Date of Birth (Month/Day/Year): _____ / _____ / _____

Has this child ever received funding from The LENN Foundation? (Yes or no. If yes, please explain. Provide the year funding was received.)



Has this child ever received funding from any other nonprofit organization? (Yes or no. If yes, please explain. Provide the organization name and year funding was received.)

Child's family information.

Parent/Guardian name(s): _____ Relationship to the child: _____

Address: (Street, City, State, Zip) _____

Email: _____ Primary phone number: (_____) _____ Language: _____

Current yearly household income. Check the one box that applies.

- Less than \$100,000. Please state annual household income amount \$ _____
- More than \$100,000. Please state annual household income amount \$ _____

Child's medical information.

*Please provide documentation confirming the child's Cerebral Palsy diagnosis. This can be a doctor's letter, medical form, or screenshot from MyChart (or whatever online program the child's doctor uses) confirming the Cerebral Palsy diagnosis. Even if the documentation states the child has a developmental delay, we still need it to state the child has Cerebral Palsy. *This information is kept confidential.**

Primary diagnosis: _____

ICD code (International Classification of Disease code): _____ Diagnosis date: _____

Child's pediatrician information.

Name: _____ Treatment facility address: _____

Primary phone number: (_____) _____ Email: _____

Child's other health care providers, if applicable: (i.e. therapists, special need clinics, other specialists, etc.).

Attach a separate sheet if there are additional care providers than the space below.

Name _____ Treatment facility address: _____

Type of treatment received: _____

Primary phone number: (_____) _____ Email: _____

Does the child have health insurance coverage? If yes, please complete the information below.

- Yes
- No - If no, please explain why the child does not have health insurance coverage.

Health insurance information.

You may find the information below on the health insurance ID card.

Health insurance company name: _____

Member ID number: _____ Group ID number: _____

Plan type: _____ Name of the subscriber or policyholder: _____

Name of other covered family members (spouse, child, etc.):



Does the child have secondary health insurance coverage? If yes, please complete the information below.

- Yes
- No

Secondary health insurance information.

You may find the information below on the health insurance ID card.

Health insurance company name: _____

Member ID number: _____ Group ID number: _____

Plan type: _____ Name of the subscriber or policyholder: _____

Name of other covered family members (spouse, child, etc.):

Name of other covered family members (spouse, child, etc.):

Your grant request (please pick one): Again, please be advised a completed application does not guarantee a grant will be provided.

- Pediatric Intensive Therapy Grant (maximum up to \$1000)
- Other Pediatric Therapies (please be as specific as possible):

Please provide the tentative date(s) of when and where you are attending treatment/therapy:

Month: _____ **Date(s):** _____ **Year:** _____

Where: _____

Please provide an invoice and/or statement indicating the total cost of the above checked item. We will also need verification from your insurance company stating what they are or are not covering. Please explain or attach any other information you feel would be helpful to the Grant Request Application.

Photo & Video Footage Requirements

By submitting photo(s) and/or video footage of your child, again, this does not determine eligibility, but does help your chances of contributors visually connecting with your story on how they can best assist you with your funding request.

Photos

- Please email 1-5 photos of your child that you feel best showcase your child's story.
- Email to: team@thelennfoundation.org

Video

- Video footage should be between 1-3 minutes long. *No more than 3 minutes*
- Videos can be taken from any device that suits you best (your phone, a video camera, a professional videographer, etc.)
- In the video, please say the child's name, age, city and state where they are currently living, diagnosis, and your story as to the struggles you are facing with your child's unmet medical needs, why you are requesting funding for your child, and how this can help improve their quality of life.
- **If you use background music, please make sure it is copyright free or royalty free music.**
- Email to: team@thelennfoundation.org or via Dropbox: [team@thelennfoundation.org](https://www.dropbox.com/team@thelennfoundation.org)

Consent Forms

- Please fill out both consent forms on the pages below.
- **If more than one adult is shown or heard in the video, then we need another consent form signed for each adult.**

Social Media (optional)

- We love connecting with our cerebral palsy friends! Feel free to tag us in posts on your social media!
- Facebook: [facebook.com/thelennfoundation](https://www.facebook.com/thelennfoundation)
- Instagram: [@thelennfoundation](https://www.instagram.com/thelennfoundation)



Video Photography Release Form for Minors

I, _____, the parent or legal guardian of, _____, hereby grant permission to, **The LENN Foundation/Intensive Therapy for Kids (Blog)**, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for any use which may include but is not limited to:

- Presentations, Courses, Online/Internet Videos;
- Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- Permission to use my name; and
- Permission to use quotes from the interview (s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines, and other print media, on television, radio and electronic media (including the internet), in theatrical media and/or in mailings for educational and awareness.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I also understand that if I create a video with background music, it is royalty free or copyright free music.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Legal Guardian Printed Names _____

Child(s) Name(s) _____

Street Address/P.O. Box, City, State, Zip _____

Phone _____ Cell Phone _____ Email _____

Parent/Legal Guardian Signature _____ Date _____



Video Photography Release Form

I, _____, hereby grant permission to, **The LENN Foundation/Intensive Therapy for Kids (Blog)**, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations, Courses, Online/Internet Videos;
- Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- Permission to use my name; and
- Permission to use quotes from the interview (s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines, and other print media, on television, radio and electronic media (including the internet), in theatrical media and/or in mailings for educational and awareness.

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Full Name _____

Street Address/P.O. Box, City, State, Zip

Phone _____ Cell Phone _____ Email _____

Signature _____ Date _____