The Travis Roy Foundation Quality of Life Grant Program: Helping paraplegics and quadriplegics move forward

- The Quality of Life Grant funds adaptive equipment and technology and home modifications for quadriplegics and paraplegics.

- Applicants must be paralyzed from a spinal cord injury to qualify for consideration. People with paralysis due to a congenital or other health condition, including (but not limited to) stroke, traumatic brain injury, spina bifida, cerebral palsy, multiple sclerosis, post-polio, Guillain-Barre’ Strohl Syndrome, ALS, all other neuropathies, and all other conditions causing disability are NOT eligible.

- Applicants who are able to walk, with or without assistance, are not eligible.

- Applicants must reside in the United States.

- There is no age requirement.

- The average grant request is $3,500. **The maximum grant awarded is $5,000.** There is no minimum.

- Applicants must have financial need and may be asked to provide supporting financial documentation such as federal tax returns, SSI Benefit verification letters, etc.

- We DO NOT provide funding directly to the grant recipient and CANNOT reimburse for equipment or services already purchased. Only qualified vendors are eligible for payment.

- Applicants must meet ALL guidelines, and applications must be filled out completely or they will not be considered.

- The Travis Roy Foundation will not accept telephone inquiries about this program.

- Applications are considered year-round. Decision notifications are sent by mail four to six weeks after a complete application is received.

- Grants are canceled if not used within one year of the award.

- You must wait at least 2 years after a decision to apply again.

<table>
<thead>
<tr>
<th>We will consider</th>
<th>We CANNOT consider</th>
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<tbody>
<tr>
<td>Wheelchairs</td>
<td>New or used Vehicles</td>
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<td>Shower Chairs</td>
<td>Driver Evaluations or Training</td>
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<td>Vehicle Modifications (i.e., hand controls or lifts)</td>
<td>FES Equipment</td>
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<tr>
<td>Specialty Beds and Mattresses</td>
<td>Standing Frames</td>
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<tr>
<td>Wheelchair Lifts</td>
<td>Items for recreational use including Actiontrack Chairs</td>
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<tr>
<td>Patient Lifts</td>
<td>Therapeutic, Medical or Rehabilitation Services</td>
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<tr>
<td>Computers</td>
<td>Home Medical Supplies</td>
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<tr>
<td>Home modifications (bathroom, hallway or other modifications) and ramps</td>
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QUALITY OF LIFE GRANT APPLICATION

Please feel free to attach an additional page if your responses require more space than what is provided.

Name: __________________________ Date: ______________

Address: __________________________

City: ______________ State: __________ Zip code: __________

Preferred phone number: __________________________

Email address: __________________________

Date of birth (MM/DD/YYYY): __________________________

How did you hear about the Travis Roy Foundation? __________________________

If you were awarded a Travis Roy Foundation grant in the past,
1) When were you awarded the grant? __________________________
2) What equipment/modification did the grant fund? __________________________

Date of Injury: ______________ Highest level of spinal cord vertebra injured: __________

Please describe what caused your spinal cord injury and provide any relevant details surrounding the incident: __________________________

Are you working with a social worker? Yes No

Social worker’s name: __________________________

Social worker’s phone number: __________________________

Social worker’s email address: __________________________

Are you able to walk on your own or with assistance (such as with a cane, walker, or crutches)?
Yes No
Please describe the physical abilities you lost as a result of your spinal cord injury. What mobility do you have now?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please share how your spinal cord injury has changed your ability to work, socialize with friends and family, and live an independent life:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Have you received a settlement or compensation as a result of injury? If so, please provide details about the value and permitted use of these resources:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please describe your sources of financial support and typical expenses (please note: grant recipients may be asked to provide supporting documentation):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe additional resources, means, or methods you have pursued or will pursue to fund your request:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Equipment or modification you are applying for (circle one):

Adaptive Driving Equipment  Ramp
(i.e. Hand Controls)  Stair Lift
Bath/Shower Chair  Vehicle Modifications (Vehicle
Bathroom Modifications  Conversion, Wheelchair
Bed and Mattress  Docking System, Accessible
Ceiling Lift  Seating Options)
Computer  Wheelchair
Elevator or Platform  Wheelchair Accessory or
Wheelchair Lift  Modifications (i.e. SmartDrive)
Home Modifications  Other:
Freestanding Lift or Hoyer Lift

____________________________________________________________________________________
The Travis Roy Foundation has a trusted partnership with Numotion for adaptive equipment. If you are applying for a Wheelchair, Wheelchair Accessory (i.e. SmartDrive), Bath/Shower Chair, or a Freestanding Lift or Hover Lift, would you like to be connected with an Assistive Technology Professional for an evaluation and estimate? Your application will be considered complete following Numotion's evaluation. Please check one:

- [ ] No, I will go with my own vendor.
- [ ] Yes, please connect me with Numotion (we ask that you provide one vendor quote with your application instead of two, as mentioned on page 6).
- [ ] Numotion is my preferred vendor and I will provide a Numotion quote.

The Travis Roy Foundation has a trusted partnership with Lifeway Mobility for the purchase of ramps (only available for grantees in Massachusetts) If you are applying for a Ramp and live in Massachusetts, would you like to be connected with a professional Lifeway Mobility representative for an evaluation and estimate? Your application will be considered complete following Lifeway Mobility’s evaluation. Please check one:

- [ ] No, I will go with my own vendor.
- [ ] Yes, please connect me with Lifeway Mobility (we ask that you provide one vendor quote with your application instead of two, as mentioned on page 6).
- [ ] Lifeway Mobility is my preferred vendor and I will provide a Lifeway Mobility quote.

Please give a brief explanation of how the equipment or modification(s) you are applying for will improve your daily life: ____________________________

____________________________________________________________________

____________________________________________________________________

What professional help did you have to make sure this equipment or modification is appropriate for your specific needs or circumstances? ____________________________

____________________________________________________________________

____________________________________________________________________

Other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.): ____________________________

____________________________________________________________________

____________________________________________________________________
Please give a detailed description of the equipment or modification(s) for which you are applying, including manufacturer’s name, price, model numbers, etc. if applicable:

____________________________________________________________________

____________________________________________________________________

If the equipment or modification you are applying for is a permanent fixture (i.e. renovations, ceiling track system, concrete ramp, etc.), please share:
1.) How long you have lived at this residence: ______________________________________________________________________
2.) How long you expect to live in this residence: ______________________________________________________________________
3.) If you own or rent this property: ______________________________________________________________________
4.) If you do not own your residence, who owns the home that will be modified? Have you been granted permission for such alterations? (You may be asked to provide documentation from the property owner that permission has been granted to alter their property): ______________________________________________________________________

____________________________________________________________________

Grant amount requested (maximum award we grant is $5,000): $__________

Total cost of project or item: $__________

The maximum award we grant is $5,000. If the cost of the equipment/project you are requesting exceeds $5,000, please explain how you might cover the remaining expense (please note that grants are valid for up to one year, which may provide you with some time to seek out additional resources).

____________________________________________________________________

Other factors that you wish to be taken into consideration (health factors, living arrangements, financial or family issues etc.):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
In order to be considered for a Travis Roy Foundation Individual Grant, applicants must provide estimates for the cost of the equipment or renovations requested. *Incomplete applications will not be considered.*

Please provide the names, addresses and phone numbers of at least two (2) companies and/or contractors you have contacted and their estimates for the equipment or modifications requested. Please attach any written quotes, you have received. We ask for at least two estimates to ensure that you have shopped around for prices and that we will be paying a fair market value. If only one vendor manufacturers the desired equipment, you may upload only 1 quote. *Applicants who have requested that the Travis Roy Foundation connect them with Numotion, or for Massachusetts residents, Lifeway Mobility, only need to submit one vendor quote with this application.*

Company & Contact Name:
Address:
City: State/Province: Zip/Postal Code:
Phone: ( ) Web Address (if any):
Price Quoted:
----------------------------------------------------------------------------------------------------------
Company & Contact Name:
Address:
City: State/Province: Zip/Postal Code:
Phone: ( ) Web Address (if any):
Price Quoted:
----------------------------------------------------------------------------------------------------------

I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below. I also acknowledge that I am aware that if I receive a Travis Roy Foundation grant, my name/image may be used by the Travis Roy Foundation for media and/or promotional purposes:

Signature: __________________________________________________________

Date: ______________________

**Mail completed application to:**

Travis Roy Foundation
101 Huntington Avenue, Suite 520
Boston, MA 02199

June 2020