

## 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.

We will consider	We CANNOT consider
Wheelchairs	New or used Vehicles
Shower Chairs	Driver Evaluations or Training
Vehicle Modifications (i.e., hand controls or lifts)	FES Equipment
Specialty Beds and Mattresses	Standing Frames
Wheelchair Lifts	Items for recreational use including Actiontrack Chairs
Patient Lifts	Therapeutic, Medical or Rehabilitation Services
Computers	Home Medical Supplies
Home modifications (bathroom, hallway or other modifications) and ramps	

## 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  
(i.e. Hand Controls)

Bath/Shower Chair

Bathroom Modifications

Bed and Mattress

Ceiling Lift

Computer

Elevator or Platform

Wheelchair Lift

Home Modifications

Freestanding Lift or Hoyer Lift

Ramp

Stair Lift

Vehicle Modifications (Vehicle  
Conversion, Wheelchair  
Docking System, Accessible  
Seating Options)

Wheelchair

Wheelchair Accessory or  
Modifications (i.e. SmartDrive)

Other:

---

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.): \_\_\_\_\_

---

---

---

