Brain Injury Association of Louisiana | United Spinal Association of Louisiana

CRAIG CARES

— HELPING INDIVIDUALS RETURN HOME AFTER A NEW SPINAL CORD INJURY —

Craig Cares provides grants up to $1,000 to Louisiana residents with a new spinal cord injury who are transitioning home following their injury. Applications must be submitted within 6 months of injury.

We help cover the cost of essential items that insurance does not cover, so individuals can return home safely and live as independently as possible.

Craig Cares is intended to fund necessities not comfort or convenience items. Funding is reserved for essential equipment and modifications that help individuals safely return home and increase independence following a new spinal cord injury.

WHO CAN APPLY?

You must:

- Be a Louisiana resident
- Apply within 6 months of injury
- Be a member of our organization *(free membership available)*
- Submit a detailed list of requested items with estimated costs
- Request items intended for permanent, long-term use

Include each requested item and its estimated cost.

WHAT CRAIG CARES MAY COVER

HOME MODIFICATIONS
Wheelchair ramps, grab bars, accessibility modifications necessary for safe home access.

SELF-CARE EQUIPMENT
Shower chairs/benches, dressing aids, feeding devices, personal grooming equipment, and more.

TRANSFER EQUIPMENT
Transfer boards, patient lifts, slings, hoists, and more.

MOBILITY EQUIPMENT
Wheelchair parts/cushions, walkers, standing frames, scooters, and more.

ENVIRONMENTAL CONTROL DEVICES
Amazon Echo/Alexa devices, remote control systems, and more.

IMPORTANT TO KNOW

- Funding amounts vary based on need, up to $1,000.
- Funding is not guaranteed.
- One application per individual.
- Receipts and/or photos of purchased items are required.
- Funds must be used only for approved items.

OUR GOAL

To remove barriers that prevent individuals with a new spinal cord injury from safely returning home and living as independently as possible.

IMPORTANT TO KNOW

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Funds must be used only for approved items.

FOR MORE INFORMATION:
www.biala.org/resource-center/biala-programs

504-982-0685

kim@biala.org

APPLICATION

Full Name

Mailing Address
(where check should be sent)

City

Zip Code

Phone Number

E-Mail

Gender

Race

Marital Status

Date Of Birth

Do you have a spinal cord injury? Yes No

Injury is: Complete Incomplete

Level of injury

Date of injury

Application must be submitted within SIX months of injury.

HOW WILL FUNDS BE USED

Please provide a line item description of ALL items requesting funding for and approximate amount of each item:

(Must be completed in detail for application to be considered)

How did you find out about this grant opportunity?

Amount requested:

(up to $1,000 / Not guaranteed & must be justified)

RELEASES / REQUIRED SIGNATURES:

MUST BE SIGNED FOR APPLICATION TO BE CONSIDERED

Photo, Media and Copyright Release

I do hereby grant the Brain Injury Association of Louisiana/United Spinal Association of Louisiana (BIALA), its employees, representatives, board members and volunteers the right to use any photographs/videos of me and my property in connection with the this grant. I authorize BIALA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that BIALA may use such photographs/videos of me with or without my name and for any lawful purpose, including, but not limited to purposes such as publicity, marketing materials, social media, illustration, advertising, and Web content. When applicable, photographs will not be taken of recipient using bathroom equipment unless fully dressed to demonstrate use of equipment.

Liability Release

The undersigned participant and/or legal guardian do hereby waive, release, absolve, forever discharge, and do further agree to indemnify and hold BIALA, its employees, board of directors, volunteers, and charitable donors harmless from and all claims, damages, losses and/or expenses arising out of any items purchased or services utilized through funds provided by BIALA. I/we assume all liability for any and all personal injury, bodily injury, illness, property damage or medical expenses that occurs as a result of using any items purchased or services utilized through funds provided by BIALA. I/we also agree that we will not bring any lawsuits nor make any demands nor pursue any complaints against BIALA as a result of my/our participation in BIALA's Craig Cares program. Agreement to this Release also warrants that participation in this program is voluntary and the participant and undersigned understand any risks involved with items purchased or services utilized. I/we, the undersigned participant or legal guardian, hereby gives my/our consent to his/her participation in BIALA's Craig Cares program.

I understand I will need to show proof of purchase(s) or photo of purchase(s): Yes No

If I am not currently a member, I agree to be enrolled in a free membership (required): Yes No

I AGREE TO ALL ABOVE TERMS (Photo, Media and Copyright Release, Liability Release, Proof of Purchase & Membership Requirements):
(Must be signed)

Participant (signature): _____ **Date:** _____

Legal Guardian (signature): _____ **Date:** _____

Submit application to: kim@biala.org

Questions? 504-982-0685

kim@biala.org

For More Information on Our Programs:

https://www.biala.org/resource-center/biala-programs