

# GRANT APPLICATION

## Sharp HealthCare Foundation HeadNorth Fund

Once the critical needs related to a spinal cord injury ("SCI") have been met, the rehabilitation process begins. Many SCI survivors desire to return to work and participate in the same activities they once enjoyed. The Sharp HealthCare Foundation HeadNorth Fund was created to support these goals by providing financial assistance to purchase assistive devices, necessary equipment, and services to increase mobility and enhance quality of life.

Grant requests can be for equipment and services like wheelchairs, exercise equipment, computers, and car and home modifications. Grants are provided to individuals overcoming a traumatic SCI who are legal San Diego County residents with demonstrated financial need.

If requesting home improvements, applicant must provide proof of home ownership. Home improvements requests will only be granted to home owners. All home improvement work must be performed by a licensed contractor. The licensed contractor must supply their license contractor number with the submitted invoice to receive payment.

**Note: Only one application can be submitted within a 2-year time period with a lifetime maximum of \$7,500 awarded.**

|   |   |   |             |  |
|---|---|---|-------------|--|
| <b>Name</b> ( <i>Last, First, M.I.</i> ):   |   | <input type="checkbox"/> M <input type="checkbox"/> F | <b>DOB:</b> |  |
| <b>Address:</b>   |   |   |             |  |
| <b>Phone number (preferred):</b>  |   |   |             |  |
| <b>Email address:</b>   |   |   |             |  |
| <b>Marital status:</b>  | <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |   |             |  |
| <b>Current Living Situation:</b>  | <input type="checkbox"/> Living with someone <input type="checkbox"/> Living alone  |   |             |  |
| <b>Date and description of Injury:</b>  |   |   |             |  |
|   |   |   |             |  |
| <b>Equipment (i.e., wheelchair, bed, walker, commode chair, raised toilet seat, lifts, Electronic Control Units, etc.). Describe request:</b> |   |   |             |  |
|   |   |   |             |  |
| <b>Home improvements. Describe request:</b>   |   |   |             |  |
|   |   |   |             |  |

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|---|
| <b>Car adaptations. Describe request:</b>   |
|   |
| <b>Therapeutic exercise equipment. Describe request:</b>  |
|   |
| <b>Catheters. Number and Type:</b>  |
|   |
| <b>Computer equipment (for quadriplegics only). Describe request (i.e., desktop, laptop):</b>   |
|   |
| <b>Other. Describe request:</b>   |
|   |
| <b>If this is not your first application, when did you previously receive funding from the Sharp HealthCare Foundation/HeadNorth and for how much? Please describe:</b> |
|   |
| <b>Describe your past or present relationship with Sharp Rehab:</b>   |
|   |

Questions, applications (and all necessary back-up) should be submitted to Richard Green at Sharp Memorial Hospital Rehabilitation Department (858-939-3156): 2999 Health Center Drive, San Diego, CA 92123 or emailed to [Richard.Green@sharp.com](mailto:Richard.Green@sharp.com).

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I certify that the above information is true and accurate to the extent of my knowledge and that the applicant has sustained a catastrophic spinal cord injury. I understand that it is my responsibility, as appropriate, to have services provided by a licensed contractor for all homeowner improvement work to be performed. I understand arrangements for all purchases related to request are my responsibility.

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Signature

Date