



Craig Cares emerged through the gift of friendship, in honor of Craig, to ease the transition in life for individuals following a spinal cord injury. Knowing the challenges Craig faced after his injury, Craig Cares aims to provide hope by helping others who are facing similar challenges in basic, yet impactful ways.

WHAT IS CRAIG CARES

Craig Cares is a grant program, funded by a charitable gift, intended to assist individuals with spinal cord injuries as they adjust to life living with their injury. The goal is to provide this assistance, in a time of great need, when insurance will not cover or fully cover necessary items or services to maintain a positive quality of life. Individuals may apply for a grant, up to \$1,000, if they meet the criteria as well as agree to the terms listed below. Applications will be reviewed and a determination will be made by a committee. If the application is approved, a check will be mailed to the address listed on the application. A receipt must be submitted to our organization for the approved purchase. Failure to submit a receipt will eliminate any future grant funding.

CRITERIA

CRITERIA TO APPLY FOR GRANT:

- Funds can only be used to cover costs that insurance will not cover
- Funds must be used specifically for what they were requested for
- Maximum distribution of funds will not exceed \$1,000
- Applicant may only submit one application per calendar year
- Applicant must have a spinal cord injury & be a resident of Louisiana
- Receipt must be submitted showing what grant covered
- You must be a member or sign up for free membership to our organization

WHAT GRANT WILL COVER

FUNDS ARE INTENDED TO COVER BASIC NEEDS WHICH CAN INCLUDE:

Self Care Tools: shower bench, feeding and dressing devices, personal grooming devices, bowel and bladder care, incontinence supplies, etc.

Transfer Equipment: transfer boards, slings, hoists, etc.

Mobility Devices: walkers, wheelchair parts/cushions, scooters, standing frame, etc.

Home Modification Supplies or Services: bathroom grab bars, wheelchair ramp, payment for home modification services, etc.

Environmental Control Devices: Alexa/Echo, remote control devices, installing environmental control devices, etc.

Transportation Assistance: bus fares, ride service, etc.

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

APPLICATION

Full Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	E-Mail	<input type="text"/>
Gender	<input type="text"/>	Race	<input type="text"/>
Marital Status	<input type="text"/>	Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ABOUT YOUR INJURY

Do you have a spinal cord injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Injury is:	Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>
Level of injury	<input type="text"/>		Date of injury	<input type="text"/>	

WHAT ARE YOU REQUESTING

How would you use this grant?	<input type="text"/>		
How did you find out about this grant opportunity?	<input type="text"/>	Amount requested (up to \$1,000)	<input type="text"/>

RELEASES / REQUIRED SIGNATURES

Photo, Media and Copyright Release

I, _____, do hereby grant the Brain Injury Association of Louisiana/LA Chapter United Spinal Association (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.

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 AGREE TO ALL ABOVE TERMS AND CONDITIONS OF THE PHOTO, MEDIA AND COPYRIGHT RELEASE AND LIABILITY RELEASE:

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

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

I understand I will need to show proof of purchase in order to apply for future grants Yes ☐ No ☐

If I am not currently a member of this organization, I agree to be signed up for free membership Yes ☐ No ☐

Applicant/Representative (signature): _____ **Date:** _____

Submit application to:
kim@biala.org

More Information :

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