

Welcome to the BB4K Family



Applying & Criteria

Enclosed you will find a fairly self-explanatory application. Please fill it out as completely as possible as your request cannot be processed until all information and attachments are complete.

- **Only families in the Greater Cincinnati/Tri-State area are eligible for BB4K grants at this time.**
- **BB4K grants funds for children up to the age of 18.**
- Grants are not approved/denied based on income but we do need to know about your financial picture.
- Pre-approval by our board of directors can take up to a month and a half.
- Pre-approval, or approved pending funds, means that the application has met all of the BB4K criteria and that the search for funds to fulfill the need can begin. ***It does not mean that the funding is available.***
- Once pre-approved, your child's fundraising page, if you agreed to him/her having one, will be put on our website.
- All grant funds will be distributed through a third-party.
- We cannot pay for debt already incurred before you have applied.

Other important points

- Requests for accessible vans, due to their expense, can sit on our waiting list for a very long time. It is very difficult to find funds for this need.
- Our funding comes in by several different means, including private foundations, individual donors and BB4K events.
- We make every effort to get the funds to the child who has been waiting the longest and/or has the most urgent need.
- Often funds come in that are directed to a specific child or a specific program, such as therapy or hearing and communication.
- Many time donors go online and donate their funds to a specific child that touches them, or that they know. All of the funds donated to a specific child go towards that child's need

We consider every child and family that comes to us for help part of our Building Blocks for Kids family and will make every effort to fund your child's need and/or find other resources to help you on your journey. If you have any questions or concerns along the way, feel free to contact us at any time.

Most of our families stay in contact with us long after their child's need has been met and we love updates and stories about how our Building Blocks kids are doing.

We will also add you to our mailing list so you can hear about BB4K events and opportunities.

Lastly, we have a BB4K Families *only* Facebook group. Our families on that page exchange or sell equipment, ask for advice, share about events in the community, and more. If you are interested in joining that page, please add **Dynette Clark** as a Facebook friend and she will be sure to add you to the Building Block Families page.

Grant Application Submittal Checklist

In addition to the Grant Application, the following documents must also be submitted. Failure to include all supporting documentation will result in a delay or inability in processing your request.

- _____ Completed Building Blocks For Kids Grant Application form.**
- _____ Physician's Certification of Medical Condition and Need (included in this packet) **
- _____ Medical summary, documentation or record of your child's health care history and current condition. **
- _____ Evidence of the family's financial situation.** Provide a document, written and signed by you, stating your lack of ability to pay and why and/or include most recent Federal Income Tax return, copies of past 4 check stubs, etc.
- _____ Letter of denial from insurance/Medicaid ***when applicable.***
- _____ Letter from doctor or hospital confirming inability to pay ***when applicable.***
- _____ Cincinnati Children's Release Form ***when applicable.***
- _____ Information on the procedure/apparatus requested.
- _____ A photo of the child** (to be published only if release to do so is signed) Please include even if we are not to use it publicly, Photo can also be emailed to bbkids@bb4k.org
- _____ Consent/refusal (on page 2) to allow your child's picture, story, and/or name on the Building Blocks website, in our newsletter, or in the media. **

I hereby certify that all above information submitted and the statements I have made are true, and agree that any false information, misrepresentation, or omission of facts may result in cancellation or immediate dismissal of my application and possible prosecution.

Signature: _____

Date: _____

**** No exceptions**

Consent Form

Building Blocks for Kids depends on public donations and we are accountable to our supporters. We need to promote and share the pictures and stories of children they have helped. Your cooperation and willingness to share your stories would be very much appreciated.

We only use your child's first name in any external media or print materials.

_____ You MAY use my child's picture/name/story on the website, in the media, across social media platforms, in the Meet-A-Need Program, and/or in a Building Blocks newsletter.

_____ You may use my child's picture and story but please change his/her name.

_____ You may use my child's name and story but please do not use his/her picture.

_____ I do NOT want my child's picture/name/story used on the website, in the media, across social media platforms, in the Meet-A-Need Program, and/or in a Building Blocks newsletter.

I understand that:

- *There are no guarantees that my child's request will be funded through this program.*
- *Participation in the Meet-a-Need program is not required in order to be eligible for a grant from BB4K.*

Signature: _____

Date: _____

Information about the Meet-A-Need Program

Because of the great demand from families like yours, BB4K has formed a program called Meet-A-Need through which a business, family, church, etc. can choose to fulfill some or all of the need for a specific child that has been *approved pending funds*. These needs will be shared with businesses and groups who have expressed an interest in directly making an impact for a particular child.

Once the Grant Committee has pre-approved your application, they decide, based on the request and the funds available, whether to place the request in the Meet-A-Need program. If funds become available before your child's request is fulfilled, BB4K will complete the request.

We do ask, should your request be fulfilled through the Meet-A-Need program, that you would write a thank you note from you and your child (with a picture if possible) to the group who met your need and send it to the Building Blocks for Kids office for us to deliver to your donor(s).

Building Blocks for Kids Grant Application

A parent or guardian must complete this application in full before the board will review the case. Please print and be sure to include all additional documents listed on the Grant Application Submittal Checklist. All information submitted is confidential.

Questions? Please contact: Dynette Clark (dynette@bb4k.org)

513.770.2900 Phone

513.297.0605 Fax

BBKids@BB4K.org

Child's Information

Name _____ Age _____ DOB _____ Gender _____

Clinical Information

Diagnosis _____

Child's age at onset of illness _____ Year of Diagnosis _____

Description/history of child's illness or health condition _____

Fun Information

Please tell us some fun things about your child (likes, accomplishments, etc.) and your family

Request

- Please fill in appropriate information related to your request below.
- It is only necessary to fill in the relevant categories.
- Building Blocks requires that money be sent directly to the treatment provider, apparatus, company, hospital, etc. and not directly to the recipient family.
- If you are listing needs in more than one program area, please number those needs in order of importance and/or urgency.

Therapy (\$5000 max) ~ includes adaptive bikes and sensory equipment

Type of therapy/treatment/equipment _____

Purpose _____

Number of treatments/visits _____ Cost per treatment/visit \$ _____

Will doctor/organization participate with Building Blocks through a discount? _____

Hearing & Communication ~ Devices/programs that help a child interact with his/her world.

Type of device _____ Estimated life of device _____

Cost of device \$ _____ Is a used device an option? _____

School or Program _____ Cost \$ _____

Building /Home Modifications (\$7500 max) **Please include any contractor quotes.

Description of Need _____

_____ Cost \$ _____

Will contractor participate with Building Blocks through a discount? _____

Medical or Adaptive Equipment/Supplies/Medication

Equipment Request ~ medical or adaptive equipment

Type of equipment _____ Estimated life of equipment? _____

Cost of equipment \$ _____ Is used equipment an option? _____

Supply Request ~ special formula, medication, diapers (if child is older than 4), etc.

Name of supply needed _____

Purpose _____

Size (if applicable) _____ Number of months needed _____ Cost per month \$ _____

Will provider participate with Building Blocks through a discount? _____

Caring for Kids ~ Miscellaneous needs that improve the quality of life for children with special needs.

Displacement (Travel) Request

If displacement funding is provided, the receipts must be provided to Building Blocks verifying how the funding has been utilized. The funding will be paid directly to a third party whenever possible. Please note that funding will only be granted to the candidate and one parent/guardian. In addition, a letter will be required from the doctor or medical specialist recommending the treatment be handled outside of the child's city of residence.

Purpose of travel _____

Travel between which cities _____

Method of transportation (please fill in the appropriate information):

- Car Plane Train Public Transportation

Number of roundtrips _____ Estimated roundtrip mileage (if by car) _____

Number of individuals _____ Cost/adult \$ _____ Cost/child \$ _____

Number of nights _____ Type of lodging _____

Cost per night \$ _____ Is charitable housing (such as Ronald McDonald House) an option? _____

Miscellaneous Request ~ Therapy/service dog, respite care, etc.

Description of Need _____

Purpose _____

_____ Cost \$ _____

Mobility/Transportation ~ Transportation assistance required for a child's medical needs to be met.

\$7500 max for vehicle and equipment. \$5000 max for vehicle only or equipment only

Equipment (lifts, tie downs, etc)

Type of equipment _____

Cost \$ _____ Will provider participate with Building Blocks through a discount? _____

Estimated life of equipment? _____ Is used equipment an option? _____

Vehicle ***Please note that grants for vehicles are limited each year. New vehicles are not an option.***

Description of Need _____

Maximum amount of cash that family can give as a down payment \$ _____

Maximum amount family can give for 12 – 18 monthly payments \$ _____

We would like a vehicle with no more than _____ miles on it.

If grant is awarded, who will receive payment? Company Name _____
Address _____
City _____ State _____ Zip _____
Contact Person Name _____
Email Address _____ Phone _____

How will this request improve the child's life? _____

Any additional information relevant to the request _____

Total amount requested from Building Blocks for Kids \$ _____

Date funding is needed _____ Explain _____

How did you hear about Building Blocks for Kids? _____

Have you received financial assistance from Building Blocks previously? _____
If so, please list what year, amount, and what the grant was used for:

If you are working with a therapist, social worker or family financial advisor for funding please give his/her name and phone number:

Name/address/phone number of physician(s) associated with current care

Annual household income \$_____ (documentation must be provided)

Type of health insurance coverage _____

Out-of-pocket medical expenses in the last year for candidate \$_____

Do you currently receive funds/assistance from any of the following (please circle all that apply):

BCMh

Social Security

MR/DD

If so, in what amount(s): _____

If funding been sought from additional sources, please list from whom? _____

If funding has been received, from whom and in what amount? _____

Family Information

Name of Primary Caregiver _____ Relationship to Child _____

Phone Number(s) _____

Address _____

City _____ County _____ State _____ Zip _____

Place of Employment _____

Occupation _____

Email address _____

Additional Parent Name _____ Relationship to Child _____

Phone Number(s) _____

Address _____

City _____ County _____ State _____ Zip _____

Place of Employment _____

Occupation _____

Email Address _____

Number of Siblings _____

First name(s) and age(s) of siblings _____

I hereby release, hold harmless and indemnify Building Blocks For Kids, its directors, trustees, officers, employees, volunteers and agents from and against all claims, liabilities, losses, costs, damages or expenses, including reasonable attorney fees and litigation expenses, resulting from or in connection with any treatment, medication, apparatus, transportation, lodging or other benefit that is awarded to me by Building Blocks For Kids pursuant to my grant request. In addition, I certify that all of the information that I have submitted and all of the statements that I have made in support of this grant request are true, and I agree that any false information, misrepresentation or omission of facts by me may result in the cancellation or immediate dismissal of my application and that Building Blocks reserves the right to take any necessary action to recover any benefits, or the value of any benefits, awarded to me in reliance upon such false information, misrepresentation or omission of facts.

Signature: _____

Date: _____

Physician's Certification of Medical Condition & Need

Child's Information (To be completed by the child's parent/legal guardian)

Child's Name: _____

Child's Date of Birth: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Address: _____

Child's Medical Information (To be completed by the child's physician)

The parent/legal guardian of the child listed above has applied for a grant with Building Blocks for Kids (BB4K). Please complete the following medical information. This information is required before a grant application can be considered.

Child's Primary Diagnosis/Diagnoses: _____

Child's Secondary Diagnosis/Diagnoses: _____

How are the current diagnoses impacting the child's life? (check all that apply):

- Medically
- Physically
- Socially
- Psychologically/Behaviorally
- Other: _____

I recommend the following (indicate and describe all that apply) and describe why they are needed:

Medical and/or Surgical Treatments or Procedures: _____

Durable or Disposable Items/Equipment: _____

Therapy(ies): _____

If the therapy being recommended is a drug, formula, or medical food, has the manufacturer's representative been contacted for assistance? Please provide details:

Other: _____

The goal of these therapies/treatments is:

Has the child previously received these therapies/treatments?

If yes, have they been effective?

Additional notes/comments:

Physician Information – Items marked with an (*) are required in order to process this form.

*Physician Name: _____

*Physician Title: _____

Provider I.D. #: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

*Signature and Date: _____

Thank you for taking the time to complete this information. Please return this form back to the child's parent/legal guardian or email the completed form directly to BB4K at bbkids@bb4k.org or fax to BB4K at 513-297-0605.

Please visit our website at www.bb4k.org to learn more about Building Blocks for Kids and the grants we provide.

