Brain Injury Alliance of NKY
WWW.BIANK.ORG

Monetary Assistance Program (MAP)

Name: _____ Address: _____

Phone Number: _____ Date of brain injury: _____

Name of person assisting with application (if applicable): _____

1. Has this request been funded elsewhere (ex: insurance, other non-profit organizations, or donations)? Circle one: YES NO

2. What is the total dollar amount of this request? _____

3. Please select one of the options below and enter the number here: _____

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1. Wheelchair or assistive device rental during recreational activities
2. In-home adaptive modification installation and repair
3. Repairs on damage of property due to brain injury (for example drywall repair due to falls)
4. Therapy (occupational, speech, physical, cognitive, psychiatric)
5. Home cleaning
6. Lawn services
7. Accessibility or adaptive equipment beyond what insurance will pay for (for example video game adaptive equipment, all-terrain adaptive equipment)
8. Single-use items (such as pre-packaged pasta or paper plates)
9. Vitamins or supplements (ex: multivitamins to support dietary needs when disabilities prevent brain injury survivors from cooking nutritional meals, medically recommended supplements to help support brain health)
10. Driving assessment/tests
11. Technology to assist with keeping brain injury survivors connected to the community (for adaptive technology, see category 7)
12. Medical bills associated with brain injury unpaid by insurance
13. Vocational training, licensing/certifications, or other job assistance
14. Veterinary bills for a certified service animal

Please email this application and any required documentation to **katie.busching@biank.org**
If you need additional assistance, do not see your category, or for a list of documentation please go to biank.org/map or call 859-379-8230.

I certify that I am requesting funds to help supplement the costs (directly or indirectly) associated with my brain injury or the brain injury of the person I care for:

Print Name: _____

Sign Name: _____ Date: _____