
A Chance for Therapy, Inc.

Grant for Therapy or Home Therapy Supplies Application Form - Part A

- 1) Print-out, complete and sign the Grant Application Form Part B
- 2) Use Blue or Black ink and type or print clearly.
- 3) To demonstrate proof of residence, applicant shall include copy of a recent utility bill.
- 4) To demonstrate the financial need, applicant shall include the 3 following documents with the application:
 - 4.1) Proof of Income for entire household, last 2 years tax return(s) or alternate proof of income.
 - 4.2) Information about other funding and/or grants received from other organizations, if any.
 - 4.3) Proof of denial of government assistance.
- 5) To demonstrate the child's diagnosis and therapy treatment needs, applicant shall include the 3 following documents with the application:
 - 5.1) Letter from child's physician confirming diagnosis.
 - 5.2) Letter from child's physician with recommended treatment.
 - 5.3) Copy of current evaluation of therapy being sought.
- 6) Copy of child's/applicant's insurance information
- 7) Copy of the current school IEP.

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The Board of Directors will review the Grant application and decide on who will receive a grant. As funds are limited, quantity of grants awarded will be based on annual fund raising activities. Grants for Therapy will be a one time grant, not to exceed 3500 dollars. Grant applications shall be submitted by postal mail, and must include all specified information above. Faxes and e-mails will not be reviewed. Incomplete applications will not be reviewed. Please mail to :

Act4Me

A Chance for Therapy, Inc - Grant Review Board
260 Crandon Boulevard
Suite 32 - 222
Key Biscayne, Florida 33149

Application will be reviewed within 6 to 8 weeks of receipt.
Applicant will be contacted by mail.