



## **ACCESSIBLE HOUSING GRANT APPLICATION**

(rev. 8/2024)

**This Application is for the limited use by individuals who have survived an acquired brain injury** (traumatic or non-traumatic), which is diagnosed as moderate to severe. This application is to be used to make a request for funding from the Alamo Head Injury Association (AHIA) for specific goods or services. There must be an apparent need and targeted benefit by the survivor and/or their caregiver, and such request aligns with the intent of the AHIA Grant program.

The **Accessible Housing Grant** is generally considered for special needs housing modifications or specialized equipment to make the applicant's residence more accessible and/or safer. Examples include home based modifications and equipment, such as ramps, door modifications, shower/tub modifications, grab bars, handles, etc. Does not include rent, utilities, mortgage, other recurring charges, or technology that does not aid in improving basic ADL activities. **The Accessible Housing Grant is limited to a maximum \$2,000 one-time/lifetime limit.** Pre-authorization is required.

AHIA will review and consider all reasonably completed applications. The Accessible Housing Grant may have some similarities to the AHIA General Grant, of which either may be more appropriate for special or certain circumstances, as solely determined by the Grant Committee. Decisions will be made based on the merits of the anticipated and targeted benefits to the applicant. Any costs incurred prior to the application date will not qualify.

Completed applications should be emailed to [AHIA@alamoheadinjury.org](mailto:AHIA@alamoheadinjury.org) . You may instead mail the application to AHIA P.O. Box 29074 San Antonio, TX 78229-0074. Please contact AHIA at (210) 614-4323 for questions and assistance.

### **Please complete all items listed below to the best of your knowledge.**

1. Applicant/Survivor Name: Email:
2. Address: Phone #:
3. Medical Diagnosis:
4. Briefly explain what is being requested and how the item(s) or work will assist and provide benefits to the applicant and/or their caregiver:



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5. Describe in more detail the specific item(s) or specific work being requested; including any itemized cost and the estimated total cost, even if the total cost exceeds the grant limit:
6. List at least two (2) estimates/proposals obtained for the item(s) or work requested in this Application. It is also helpful if you can also provide copies of any proposals or pricing reference information with this Application.

a) Company/Vendor Name: \_\_\_\_\_ Pricing/Cost Estimate: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #, email or website: \_\_\_\_\_

b) Company/Vendor Name: \_\_\_\_\_ Pricing/Cost Estimate: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #, email or website: \_\_\_\_\_

Please advise if you anticipate any other company or entity will be providing any portion of the total cost:

**By signing this Accessible Housing Grant Application, I certify that the above information and any information provided with this Application, is true and accurate.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor or Family Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor, Family Member, or other Contact Information (optional): \_\_\_\_\_