



Make Lemon Aide® Foundation for CP

First Step Recovery Model Grant Application

The Make Lemon Aide® Foundation for Cerebral Palsy ("CP") is a 501(c)(3) non-profit foundation that was established in 2013 in effort to bring awareness to CP.

Grants offered Bi-Yearly

Apply December 1-15 for January – June FSRM Therapy

Apply Grant June 1 for July – December FSRM Therapy

Any person of any age with a registered physician's active diagnosis of CP, including child patients (under 18 years of age) and their parents, guardians or legal custodians, who are U.S. citizens ("Applicant(s)") may apply for a Make Lemon Aide® Foundation for CP - First Step PT First Step Recovery Model ("FSRM") Physical Therapy Grant ("Grant") regardless of race, color, sex or national origin. First Step Recovery Model physical therapy, (www.firststeppt.com) is a highly effective treatment model for achieving maximum results.

Grant Application Process

- Applicants must submit an acceptable application as described below ("Application") to and the Application must be received by the Make Lemon Aide® Foundation for CP.
- Make Lemon Aide® Foundation for CP in its sole discretion will review the Application, taking into account any factors of Applicants and Child for evaluation and may elect to approve the Application or elect to not approve the Application. Make Lemon Aide will notify Applicants accordingly.
- Grants are awarded only on a bi-yearly basis for a 6 month period. January and July. Applications are open to apply in December for the January grant and June for the July grant.
- January – June grants will be awarded 2 hours per week for 6 months is valued at \$7,680.00.
- July -December grants will be awarded 4 hours per week for 6 months is valued at \$15,360.00.
- If the Grant hours are not fully used by June 30th or December 31st of the grant period applied then

the remaining grant hours awarded are null and void without any exception or circumstances.

- FSRM Physical Therapy will be awarded for the sole purpose of addressing an Applicant's CP needs for physical therapy – including a patient evaluation with First Step Physical Therapy at their locations.
 - Travel and lodging arrangements are the responsibility of each successful Applicant and such expenses are not included in a Grant.
 - This Application does not guarantee that Grant will be awarded and if not awarded it does not mean that the Application lacks merit, however, by applying for a Grant the Applicant understands and agrees with the terms and conditions of this Application and acknowledges that the Make Lemon Aide® Foundation for CP, is incorporated as Make Lemon Aide®, Inc., a State of Georgia, U.S.A. corporation and a private, 501(c)(3) organization with limited resources.
 - Only one grant will be awarded per applicant bi-annually during a 6month period.
 - The Grant Committee will review each application, we **respectfully request no phone calls or emails inquiring about the status of your application.** Grant recipients will be notified by email and or phone.
1. All Applications are provided and received on a confidential basis, however, Applicants must acknowledge and understand that for the purpose of evaluating Applications the Make Lemon Aide® Foundation for CP may disclose the information contained in an Application to and share such information with third parties(First Step PT) for the purpose of evaluating the Application, and if an award is granted Applicant hereby grants permission to use the Applicant's name and likeness including photos and other biographical information, in order to promote the charitable purpose of the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide®, Inc. in connection with the Application and Grants for First Step Recovery Model Physical Therapy.
 2. Applicants agree to provide further information as may reasonably be requested by the Make Lemon Aide® Foundation for CP.
 3. Applicants must sign and return the General Release and Statement of Confidentiality.

Grants Requirements

1. Applicants must use good faith to first utilize insurance coverage, Medicaid, Medicare or any other assistance awarded. Once depleted or if this doesn't pertain to applicant then applicator can apply for a Make Lemon Aide® Foundation for CP - FSRM Physical Therapy grant.
2. Once insurance reimburses applicant, the applicants are required to bring in all checks that they receive from their insurance company as reimbursement for their treatment at First Step Physical Therapy. This includes any and all correspondence that is attached to the check, such as an explanation of benefit (EOB).
3. If applicator qualifies for Medicaid or Medicare or any other assistance, they must utilize these hours with First Step PT only in order to qualify for a grant from Make Lemon Aide® Foundation for CP.
4. Applicants are encouraged to support Make Lemon Aide® Foundation for CP through fundraising, volunteering, supporting social media campaigns and supporting the CP community.

Send Application materials to the following address: (This will be deleted with new online form)

➤ **Email Address** (send as PDF attachment to): fighttcp@makelemonaide.org/

➤ **Mailing Addresses** (first class U.S. mail, postage prepaid or overnight mail is acceptable):

Make Lemon Aide® Foundation for Cerebral Palsy
12460 Crabapple Road, Suite 202-100
Alpharetta, GA 30004

Make Lemon Aide® Foundation for Cerebral Palsy
Western NY Regional Office
P.O. Box 674
Hamburg, NY 14075 _____

Applicant Information

Name of Applicant: _____

Primary Contact: _____

Relationship to Applicant: _____

Address: _____

City: _____ Zip Code _____

Telephone: _____ Email Address: _____

Patient Information

Date of Birth _____

Diagnosis* _____

***Medical Documentation Required**

Have you received funding from any other organization(s) this calendar year? Yes _____ No _____

If so, list organization(s) _____

Applicants Health Care Coverage

Do you have health insurance YES _____ NO _____

Name of Health Insurance _____

Deductible Amount \$ _____

Medicaid _____ Medicare _____

Other financial benefits & amounts _____

Required Information

1. A letter a medical necessity and diagnosis provided by Applicant or Applicant's physician summarizing the disability.
2. A short description of the day-to-day circumstances of the disability, such as difficulty with schooling or socializing or mobility.
3. Explain how committed the Applicant or Applicant's parent/guardian is to attending weekly FSRM physical therapy sessions and home program.

I understand that the above are requirements. If the application is completed in full or missing the application will not be reviewed.

In consideration for receipt and review of this Application for a Make Lemon Aide® Foundation for Cerebral Palsy FSRM Physical Therapy Grant provided by First Step PT, Applicant, as identified below does hereby release, discharge and agree to hold harmless, and agrees to indemnify the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide, Inc., its directors, officers, employees, agents and assigns against and from any causes of action, claims, demands, damages, costs, expenses, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county, state or country) claimed by, through or on behalf of the Applicant(s) and, if applicable, Applicant's parents, guardians, custodians, and their agents, related directly or indirectly to this Application for a Make Lemon Aide® Foundation for Cerebral Palsy FSRM Physical Therapy Grant.

The Applicant(s), as identified below, further expressly agrees that this release is intended to be as broad and inclusive a release of liability as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The Applicant(s), as identified below, hereby warrant and represent that he/she has carefully read this release and agree to its terms and conditions, that before signing this release he/she had the chance to ask questions; and he/she is aware that by signing this release, he/she assumes all risks and waives and releases certain substantial rights that he/she may have or possess against the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide, Inc.

Applicant hereby agrees for himself/herself and on behalf of Applicant(s) under the age of 18, that any materials or information submitted with the Application to the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide, Inc. may be disclosed to and shared with third parties for the purpose of the evaluation of the Application.

If an award is granted Applicant hereby grants, for himself/herself and on behalf of Applicant(s) under the age of 18, permission to use the Applicant's name and likeness, including photos and other biographical information, in order to promote the charitable purpose of the Make Lemon Aide® Foundation for Cerebral Palsy and Make Lemon Aide®, Inc. in connection with the Application and Grants for Make Lemon Aide® Foundation for Cerebral Palsy FSRM Physical Therapy Grant provided by First Step PT.

Print Name of Applicant(s): _____

Affix Signature of Applicant(s): _____

Date: _____

FOR INTERNAL USE ONLY

Date Received: _____

End of Application

Website: <http://www.makelemonaide.org/about-the-foundation/> "Make Lemon Aide®" is a U.S. registered trademark of Make Lemon Aide, Inc.