

EMPOWERED KAT6 FOUNDATION

Please review the following information carefully before filling out the application.

The KAT6 Foundation's Empowered Grant applications will be accepted beginning January 1st.

Completed applications will be approved in order of receipt and grant recipients will be notified by email.

What does an Empowered grant provide?

It provides funding to the applicant for the purchase of assistive equipment/technology or reimbursement of private therapies. Assistive equipment includes but is not limited to: iPads, AAC software, AAC applications, gait trainers, adaptive switches, weighted blankets, eye glasses, feeding tools, and therapeutic swings. One item per family will be funded in order to support as many families as possible. Guardians can be reimbursed for therapies including speech therapy, occupational therapy, physical therapy, ABA, feeding therapy, vision therapy, hippotherapy, aquatic therapy, music and art therapy.

The maximum grant amount is \$600 USD.

What are the eligibility requirements?

The individual you are applying for must have a diagnosis of a KAT6A or KAT6B gene mutation. Genetics report including the gene mutation must be attached to application.

The individual must have developmental delays that require assistive equipment or therapy. Proof of developmental delays must be attached, such as an IEP, PCP report, neuropsychological evaluation, etc.

The individual does not have a parent/guardian on the KAT6 Foundation Board of Directors.

Applicant can apply one time per year.

Do I need to live in the USA to apply?

No. The KAT6 Foundation aims to support all members of our international community.

When is the application deadline?

There is no application deadline. Applications will be granted in order of receipt until the foundation's annual grant budget has been reached.

How will families know if their application has been approved?

Families will be informed when their complete application has been received via email. Qualified applications will be kept on file and reviewed as funds become available for distribution. If more applications are received than we have funds to provide for, qualified applicants will stay on file and will not need to reapply the next year.

How will you verify information on submitted applications?

The KAT6 Foundation may call providers stated on the application and submitted reports to verify information. By signing the application, you give the KAT6 Foundation permission to contact stated providers.

Can I apply for a grant over \$600?

Yes, but not on this application form. Contact the KAT6 Foundation at support@kat6a.org to make your request. Additional documentation will be required. Special requests will be reviewed by the KAT6 Foundation board of directors.

How will my grant be funded?

If your application is approved, you will be notified by email. You will need to email a copy of your receipt(s) for reimbursement. You will be reimbursed by check to your home mailing address, or through PayPal in the US. Residents living outside of the US will be reimbursed through bank wire transfer or PayPal. **Your receipt(s) must be dated in the same year of your grant reward.** If the receipt(s) is not submitted, you will automatically forfeit your grant, so another applicant can be funded.

Do you have a question on how to apply?

Email KAT6Aempowered@gmail.com.



Empowered Grant Application

Section 1:

Today's Date: _____

Full Name of Individual Diagnosed with a KAT6A or KAT6B Gene Mutation:

First

Last

Middle

Date of Birth: _____

Full Name of Parent/Guardian Completing Application:

First

Last

Middle

Address:

Street

Apartment/Unit #

City

State

Country

ZIP Code

Section 2: **Please list the specific item name and model that you are seeking funding for and the purpose of purchasing it.** This item must be educational, therapeutic, adaptive or assistive to the individual utilizing it. This includes technology software and AAC apps. **For therapy reimbursement, please describe the therapy and include the provider's contact details** (name, phone, address, email, website if applicable).

What is the price of the equipment? _____ (or) What is the estimated cost of therapy? _____

I certify that the individual's medical insurance does not cover the cost of this equipment or therapy. ****This box must be initialed for application to be approved.**

Section 3:

Name of Diagnosing Doctor: (You must provide the KAT6A or KAT6B gene mutation report.)

First *Last*
Name of Practice or Hospital: _____

Address:

Street *Apartment/Unit #*

City *State* *Country* *ZIP Code*

Name of Therapist/Specialist Treating Individual: (i.e. speech pathologist, physical therapist, occupational therapist, feeding therapist, vision therapist, neurologist, or special education teacher). You must provide recent documentation such as an IEP report, PCP, progress report, medical documentation or other therapy report that describes the candidate's developmental delay or need for medical assistance.

First *Last*
Name of Practice or School: _____

Address:

Street *Apartment/Unit #*

City *State* *Country* *ZIP Code*

Phone:

Email:

The above information is freely given to process this application request. By signing, I attest that all information included is true and accurate and I give the KAT6 Foundation, Inc permission to contact my dependent's medical providers listed to verify and discuss diagnosis and developmental disabilities. I understand that falsifying information will immediately disqualify this application. I understand that the equipment reimbursement is a maximum of \$600 USD.

Parent/Guardian Signature: _____ Date: _____

This application cannot be considered until this form is completed, signed and all supporting documents are received. The information included in this application is confidential and for the KAT6 Foundation, Inc use only. Please keep a copy for your records.

Email completed application and supporting documentation confirming individual's genetic diagnosis and proof of developmental disability to KAT6Aempowered@gmail.com.