

APPLICATION: COVID-19 Emergency Assistance Fund

The COVID-19 Emergency Financial Assistance Fund (“CEFAF”) will address the needs of certain members of our community who need emergency financial assistance due to immediate and significant financial hardship related to the U.S. COVID-19 pandemic by providing a one-time \$250 micro grant to the recipient.

Full application requirements, including qualifying categories, are found on our website.

We understand that everyone in the world is affected by the COVID-19 pandemic in one way or another. While we wish we could help every member of our community, at this time we do not have sufficient funds to do so. You should only apply for this micro grant if you are currently experiencing immediate and significant financial hardship.

\* 1. Your contact information

Name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Mobile Phone Number

\* 2. Which of the following are you?

- A. I am the parent or legal guardian of a minor child who is scheduled to have surgery on or before 5/1/20.
- B. I am the parent or legal guardian of a minor child who has had epilepsy surgery on or after 4/1/20 and we are still in the hospital.
- C. I am the parent or legal guardian of a minor child who had epilepsy surgery recently and, as a result, is now in in-patient rehabilitation.
- D. I am the parent or legal guardian of a minor child who has had epilepsy surgery and I have received a positive COVID-19 diagnosis. As a result, I am under self-isolation or in the hospital.
- E. I am the parent or legal guardian of an adult who had epilepsy surgery in childhood and I have received a positive COVID-19 diagnosis. As a result, I am under self-isolation or in the hospital.
- F. I am applying on behalf of an applicant under 2D or 2E above and that person is unable to apply for himself/herself due to serious effects of COVID-19.
- G. I am an adult who had epilepsy surgery when I was 17 or younger.

3. Please provide proof of **your** or **your child's** epilepsy surgery. If your child is currently in the hospital or in inpatient rehabilitation, you may ask a social worker, nurse, surgeon, neurologist, or other appropriate health care worker to email us at [info@brainrecoveryproject.org](mailto:info@brainrecoveryproject.org) with your child's name and a confirmation of surgery date. You may also attach a photo or pdf of an email or document confirming the surgery date. If you do not have any documentation to prove you or your child has had epilepsy surgery, please contact us at [info@brainrecoveryproject.org](mailto:info@brainrecoveryproject.org) and we will schedule an interview with you.

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\* 4. Please describe the **immediate and significant** financial hardship you are experiencing as a result of the COVID-19 pandemic.

5. If you have any documentation of immediate and significant financial hardship, such as a recent furlough or lay-off notice, or checking/savings statement, upload a photo or pdf of the document here. If you are providing a checking/savings statement, please redact (blackout) your account number.

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\* 6. If awarded the \$250 micro grant, how would you prefer to receive your funds?

- Cash transfer to my bank account. I understand I will be contacted by The Brain Recovery Project's Controller to set up the transfer.
- Virtual gift card
- Mailed gift card

**Mail this completed application to:**

**The Brain Recovery Project  
969 Colorado Blvd. Suite 101  
Los Angeles, CA 90041**