



## **An Opportunity for Families of Persons with Slow-to-Recover Brain Injuries**

The Ontario Brain Injury Association (OBIA), in partnership with the Headway Homes Fund at the Niagara Community Foundation, distributes \$5,000.00 annually from a fund created by Headway Homes (Niagara) Inc. to enhance the lives of people in a slow-to-recover state following a Brain Injury. The conditions of the fund are as follows:

The person is an individual medically diagnosed as slow-to-recover (STR) following brain injury and either the individual and/or their family caregiver require specific financial assistance. STR refers to those individuals who do not show an extended period of fast-paced natural recovery soon after injury. Changes in their physical and/or cognitive recovery develop slowly and with minimal changes from day-to-day and month-to-month. It includes two functional patterns: inconsistently responsive and hard-to-place multi-need.

The individual's status can also be described as associated with the following Rancho-Los Amigos Levels of Cognitive Functioning: Levels II – III (inconsistently responsive) or Level V (hard-to-place multi-need). The individual also requires 24 hour nursing services and is non-independently mobile.

Items that may be considered appropriate for funding consideration are items that would **directly improve the quality of life of the individual living with the brain injury**. Requests for funds to be directed towards administrative activities or items that will not be directly used with the individual will not be considered. Requests from family caregivers may include conference registration fees or alternative activities of learning that would support their continued role with the individual living with the brain injury.

The first priority will be to assist individuals from Niagara and then Ontario, Canada.

All application forms must include the signature of a Registered Health Care Professional familiar with the individual in the slow-to-recover state. **Applications are reviewed on a first come first serve basis beginning April 1 each year.**

To apply to the Headway Homes Slow-to-Recover Fund please complete the following two pages and send to send to:

OBIA Headway Homes Fund  
c/o Jennifer Norquay  
[jnorquay@obia.on.ca](mailto:jnorquay@obia.on.ca) or fax to (905) 641-0323

All applications will be acknowledged and kept in the strictest confidence



**Headway Homes Slow-to-Recover Fund  
Eligibility Checklist**

To be completed by a Registered Health Care Professional

*Criteria that must be met for an individual to be eligible for the consideration of funds:*

	<b>Yes</b>
The individual for whom the funds are being requested has been medically diagnosed as slow-to-recover (STR) following a brain injury.	
The individual requires 24 hour nursing care or personal support.	
The individual is non-independently mobile.	
The individual and/or their family caregiver require specific financial assistance.	

**To be completed by a Registered Health Care Professional:**

I am familiar with the above named person and can confirm that this person is in a slow-to-recover state following an acquired brain injury and conforms to the conditions of the Headway Homes grant. I have reviewed and completed the attached eligibility checklist.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Registered Profession



Date:

\_\_\_\_\_

Name of Person in Slow-To-Recover State (STR):

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City and Province:

\_\_\_\_\_

Postal Code:

\_\_\_\_\_

Name of Principal Caregiver and relationship to individual in STR state:

\_\_\_\_\_

Address of Principal Caregiver:

\_\_\_\_\_

Telephone and Email (Please identify preferred method of contact):

\_\_\_\_\_

Date of Acquired Brain Injury(ABI) of Person in STR State: \_\_\_\_\_

Cause of Acquired Brain Injury(ABI): \_\_\_\_\_

Amount of Funds Requested (Not to exceed \$5,000): \_\_\_\_\_

**Intended Use of Requested Funds:** (Please be as specific as possible and provide the cost for any goods or services that the fund will be used for):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Applicant/Primary Caregiver: \_\_\_\_\_

Signature of Applicant/Primary Caregiver: \_\_\_\_\_