

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services
Alaska Mental Health Trust Authority Mini-grants for Beneficiaries with Disabilities

Application

Applicant:		Date of Birth:	
Address:			
City:		State:	Zip code:
Telephone:		Email address:	
Eligibility: <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Early intervention/Infant Learning Program			
Current funding sources for services:			
<input type="checkbox"/> Community Development Disabilities Grants <input type="checkbox"/> Core Services <input type="checkbox"/> Early Intervention/Infant Learning Program <input type="checkbox"/> Home and Community Based Waiver Services <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Medicaid <input type="checkbox"/> Medical insurance <input type="checkbox"/> Other (Please specify): _____			
Amount requested (Maximum \$2,500): \$ _____ for equipment and/or services to meet the following needs: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical/occupational/speech therapy <input type="checkbox"/> Home improvements			
Describe equipment/services requested. <i>Attach supporting documentation, e.g., estimate from a vendor, catalog page/order, or prescription from a licensed health care professional.</i>			
Describe the need which the equipment/services will address.			
Describe how the equipment/services will improve quality of life and increase independent functioning.			
Person completing form:		Telephone:	
Relationship to applicant:			
Referring provider agency:			
Agency contact:		Telephone:	