Barbara Weber Amyotrophic Lateral Sclerosis Grant Program

QUESTION PREVIEW ONLY. OFFICIAL APPLICATION MUST BE SUBMITTED THROUGH FILLABLE APPLICATION LINK.

Basic Information

1. Name of person living with ALS
2. Date of ALS diagnosis
3. Current city and state of residence
4. Name of applicant
5. Applicant's relationship to the person with ALS
6. Best phone number and email

Financial Need

1. What specific financial need are you requesting help with?
2. What is the estimated cost of this need?
3. Have you already paid for this expense, or is payment still needed?
4. Has insurance denied coverage or only partially covered the expense?

Care Needs

1. How will this grant improve safety, independence, access to care, or quality of life?

Application Narrative Questions

1. Please briefly describe your ALS journey.
2. What is your most urgent need at this time?
3. What would happen if this need is not funded?

Document Upload and Attestations

1. W-9
2. Letter from medical provider to confirm ALS diagnosis and medical necessity for equipment requested.