



The Be Active with Spina Bifida Grant is a program to foster activity for those diagnosed with Spina Bifida. The grant will pay 50% of each activity the member is enrolled in up to \$600 per calendar year. There is no limit to the number of activities a person can enroll. For example, in the summer months there may be swimming lessons, in the winter Adaptive sled hockey, and in the fall a softball league. Another example would be, arts, crafts, theater etc. We will also consider gym memberships, but you must provide proof of your on-going attendance.

Be Active with Spina Bifida Application

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone _____

Email: _____

I am (Circle One)

A Child with Spina Bifida An Adult with Spina Bifida

Emergency Contact: _____

Phone: _____

I understand that I must provide proof of prior payment to the activity I am requesting re-imburement for and that the re-imburement shall not exceed \$600 per calendar year. I understand that I cannot use any Medicaid waiver funding and request re-imburement of those funds from the MN Spina Bifida Association. I further understand that the MN Spina Bifida Association will not be held liable for any injuries that may occur during these activities. In accepting this re-imburement, I acknowledge that I will participate or remain connected with the MN Spina Bifida Association in some way (Facebook, attend events, mailing list or volunteering)

Signature: _____

Return address: Post Office Box 29323, Brooklyn Center, MN 55429

Email address: WWW.SBAMN@hotmail.com

For official Use only:

Request Approved Request Denied

January	February	March	April	May	June
July	August	September	October	November	December